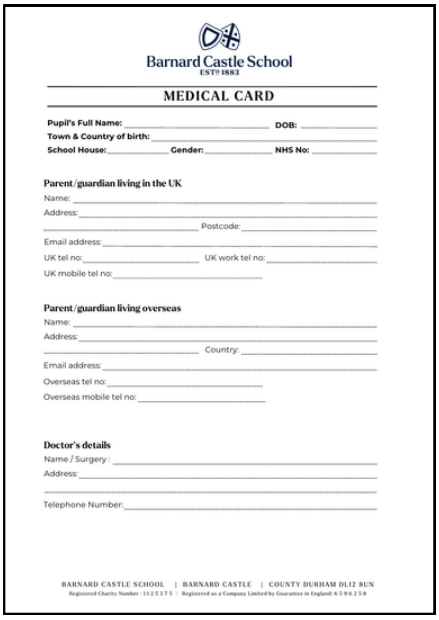
Barnard Castle School
ESTD 1883

Guidance for completing Medical Forms

All new students need to have a Medical Card completed and returned before prior to the start off term.



Barnard Castle School
ESTD 1883

MEDICAL CARD

Pupil's Full Name: _____ **DOB:** _____
Town & Country of birth: _____
School House: _____ **Gender:** _____ **NHS No:** _____

Parent/guardian living in the UK
Name: _____
Address: _____
_____ Postcode: _____
Email address: _____
UK tel no: _____ UK work tel no: _____
UK mobile tel no: _____

Parent/guardian living overseas
Name: _____
Address: _____
_____ Country: _____
Email address: _____
Overseas tel no: _____
Overseas mobile tel no: _____

Doctor's details
Name / Surgery : _____
Address: _____
_____
Telephone Number: _____

BARNARD CASTLE SCHOOL | BARNARD CASTLE | COUNTY DURHAM DL12 8UN
Registered Charity Number : 1125375 | Registered as a Company Limited by Guarantee in England: 6596258

The Medical Card should be completed **in full,** and the consent must be signed for the pupil to be able to receive medications and first aid treatment.

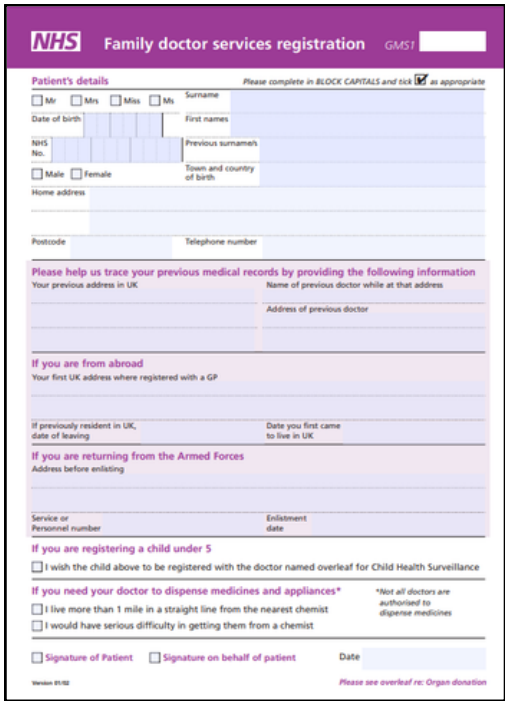
If the student is a full time boarder, they also need a completed GP Registration Form (GMS1). This is needed for them to be registered at the local GP practice.

The Home address on this form should be the school address:

Barnard Castle School
Newgate
Barnard Castle
DL12 8UN
01833 690222

If the student hasn't previously lived in the UK or previously used NHS services, this address will be the first UK address.

Please sign the form.



NHS Family doctor services registration GMS1

Patient's details — Please complete in BLOCK CAPITALS and tick ☑ as appropriate

☐ Mr ☐ Mrs ☐ Miss ☐ Ms — Surname
Date of birth — First names
NHS No. — Previous surname/s
☐ Male ☐ Female — Town and country of birth
Home address
Postcode — Telephone number

Please help us trace your previous medical records by providing the following information
Your previous address in UK — Name of previous doctor while at that address
Address of previous doctor

If you are from abroad
Your first UK address where registered with a GP
If previously resident in UK, date of leaving — Date you first came to live in UK

If you are returning from the Armed Forces
Address before enlisting
Service or Personnel number — Enlistment date

If you are registering a child under 5
☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*
*Not all doctors are authorised to dispense medicines
☐ I live more than 1 mile in a straight line from the nearest chemist
☐ I would have serious difficulty in getting them from a chemist

☐ Signature of Patient ☐ Signature on behalf of patient — Date

Version 01/02 — Please see overleaf re: Organ donation