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
ESTD 1883

INTERNATIONAL STUDENTS ONLY, please give details of immunisations:

Vaccine	Date Received
Diphtheria/ Tetanus/ Polio	_____
Whooping Cough	_____
Meningitis C	_____
HIB Vaccine	_____
Rota Virus	_____
Pneumococcal	_____
MMR	_____
HPV	_____

Other Vaccinations : .....

FOR ALL STUDENTS:

Has your child suffered from any of the following? If so, please give the date:

Whooping Cough: ..... Measles: .....

German Measles: ..... Mumps: .....

Chicken Pox: ..... Tuberculosis: .....

Has your child suffered from any of the following conditions? Tick as appropriate.

Asthma	☐	Bronchitis	☐	Diabetes	☐
Hay fever	☐	Skin Disorders	☐	Heart Condition	☐
Eye Problems	☐	Hearing Problems	☐	Ear/ Nose/ Throat Problems	☐

Please provide as much information as possible:

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Please provide information on any medical conditions or surgeries your child has had:

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Barnard Castle School
ESTD 1883

Does your child currently take any prescribed medications?

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Please provide information on any mental health conditions your child has:

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Please advise us of any diagnosed learning needs your child has:

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ALLERGIES:

FOOD ALLERGY:

Celery	☐	Fish	☐	Peanuts	☐		
Cereals	☐	Lupin	☐	Sesame	☐		
Gluten	☐	Milk	☐	Soybeans	☐		
Crustaceans	☐	Molluscs	☐	Sulphur Dioxides	☐		
Eggs	☐	Mustard	☐	Sulphites	☐		

Other Food Allergy:

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Details of Reaction (e.g. rash, stomach pain, ANAPHYLAXIS)

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MEDICATION ALLERGY:

Penicillin	☐	Amoxicillin	☐	NSAIDs	☐

Other Medication Allergy:

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Details of Reaction (e.g. rash, stomach pain, ANAPHYLAXIS)

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Barnard Castle School
ESTD 1883

ANIMAL ALLERGIES:

Dog ☐ Cat ☐ Horse ☐

Other Animal Allergy:

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Details of Reaction (e.g. rash, stomach pain, ANAPHYLAXIS)

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OTHER ALLERGIES: (e.g. Latex)

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Details of Reaction (e.g. rash, stomach pain, ANAPHYLAXIS)

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Does your child have any FOOD PREFERENCES OR INTOLERANCES?:

Vegetarian ☐ Vegan ☐ Plant based Diet ☐ Kosher ☐

Pescatarian ☐ Halal ☐ Gluten Free ☐ Lactose-Free ☐

Any Other Dietary Requests:

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GUIDELINES FOR BRINGING MEDICATIONS TO SCHOOL

All medications must be provided to the School:

- In its original packaging
- With the name of the medication, strength and expiry date clearly visible
- With instructions written on the packaging in English.

INFORMATION FOR DAY STUDENTS

For any medications brought to school from home, parents/guardians need to complete a request for Administration of Medicines Form. This is available in reception. The medication will be stored in the medical centre and administered by the school nurses.

Barnard Castle School
ESTD 1883

INFORMATION FOR BOARDING STUDENTS

Non-prescription medication needs to have clear written instructions.

Prescribed medication must have a UK pharmacy labelled box which clearly identifies the student's name, date of birth, prescribed dosage and frequency of dosage along with written instructions.

Medications from other countries can only be given if the medication is approved for use in the UK. If it is not, the GP can attempt to find an alternative. They will seek advice from the student's home GP or consultant when able and appropriate.

OVER THE COUNTER MEDICATION ADMINISTRATION

MEDICATION ADMINISTRATION TRAINING FOR STAFF

Only staff members authorised and trained to administer medications will do so. These staff members receive annual training on medication administration and includes:

- Indications
- Contraindications
- Side effects
- Dosage
- Precautions regarding administration
- Duration of the treatment before medical advice is sought.

SCHOOL FORMULARY

Over the counter medications given by school staff are as follows:

- Simple Cough Linctus liquid – To relieve a dry cough
- Paracetamol tablets and liquid – Mild to moderate pain relief and/or elevated temperature
- Ibuprofen tablets and liquid— Mild to moderate pain relief
- Ibuprofen topical gel - Mild to moderate pain relief
- Antihistamines (Cetirizine & Piriton) - Allergic reaction or hayfever
- Antihistamine cream — Allergic reaction
- Gaviscon chewable tablets or liquid – Heartburn/Reflux/Indigestion
- Strepsil throat lozenges – Sore throat
- Cinnarizine tablets—Travel sickness
- Olbas Oil— Inhalation to relive nasal congestion
- Sudafed tablets – Nasal congestion

Manufacturer's instructions will always be followed.

Records of medications administered will always be completed, be legible and current, providing a complete audit trail.

Barnard Castle School
ESTD 1883

CONSENT:

DATA PROTECTION:

I/We understand that the personal data provided in the medical card will be processed for the purposes set out in Barnard Castle School's Privacy Notice. As follows:

For the purposes of data protection law, Barnard Castle School is the data controller for any personal data you supply to us. This personal data will be processed in accordance with data protection law, only used for the purpose(s) for which you have supplied it to us and our Privacy Notice, and (except where you have consented) only shared with third parties where it is necessary for us to do so and the law allows it. If we share your personal information with another organisation (e.g. another school, ISI, DfE or another government department etc.) this will be to help us act upon what you have told us, or because these organisations need to be made aware of what you are telling us (in order for them to act upon it).

It is also important to note that, in certain circumstances, we might have a legal obligation to share the information that you have supplied to us with other organisations.

FIRST AID AND MEDICATION

I/We give consent for my/our child to receive all general health care and first aid provided by the School. I/We agree that my/our child may receive any medications listed on the school formulary with the exception of any medications listed as an allergy and any listed here:

Please do not give the following school formulary medication(s) to my/ our child:

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Barnard Castle School
ESTD 1883

In an Emergency:

I/We authorise the Headmaster, or an authorised deputy acting on their behalf, to consent on the advice of an appropriately qualified medical specialist, to my/our child receiving emergency medical treatment, including general anaesthetic and surgical procedure if the School is unable to contact me. I/We consent to my/our child receiving emergency dental treatment.

Asthma sufferers only:

In the event of my/our child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent to my/our child receiving salbutamol from an emergency inhaler held by the school for such emergencies.

Anaphylaxis:

In the event of my/our child displaying symptoms of anaphylaxis, I consent to my/our child receiving injection via the stock epi-pen held by the school for such emergencies.

Parent or Guardian Signature .....

Print Name: .....

Date: .....