



New Student Medical Form

Confidential

PUPIL INFORMATION

The following information is strictly confidential and will be accessed by essential staff only.
Please complete in blue or black ink and **BLOCK CAPITALS**.

Forename- as per passport	
Surname – as per passport	
Preferred / Known as name	
Date of Birth	
Sex / Gender	
Boarder / Day / Flexi	
Lead Early Years Practitioner	

FOR OFFICE USE ONLY

Consents complete - ISAMS	
Immunisations - ISAMS	
Joining year group	
SLT/HH notified	
Catering notified	
Date received	
Completed by	

Dear families and guardians,

St George's School has a Medical Room in Upper School, Lower School, and Junior School. There is a Registered Nurse on duty during the school day (term time, Monday to Friday 8am-4pm) who is based in the Upper School Medical Room. The school nurse is available to assist in Lower and Junior school if required to. There are designated First Aiders based in the Junior School and Lower School Medical Rooms. Should you or your child have any questions or wish to discuss any medical concerns you may have, please contact the school nurse using the contact details below.

E: nurse@stge.org.uk

T: +44(0)131 311 8000

If your child is a boarding student, there will be an opportunity to speak directly with the school nurse during the school Induction Day. In the meantime, so that we can complete the necessary medical administration prior to the beginning of the school term, we have attached our medical admissions forms for you to complete and return to us. Completed forms are then forwarded to the school Doctor, who visits the girls boarding on site, once a week. When registering with the GP boarders must use the same name as detailed on their passports. Your daughter will receive a medical examination by the school Doctor as part of the GP (General Practitioner) registration process. The school Doctor holds a clinic at school weekly on a Monday afternoon for boarding students.

- The address of the Boarding House (15 Ravelston Park Edinburgh EH4 3DX) will be the address used for the Medical Practice whilst your child remains a boarder.
- NHS (National Health Service) / CHI (Community Health Index) numbers are given to all patients in the UK when they register with a GP. Please give either of these numbers if your daughter is already registered with a GP in the UK, as it will help the registration process. If you have never been registered with a UK GP, then your child will be allocated a number when she is registered.
- Date of entry to the UK - This is very important for the immigration authorities.

Please complete ALL sections of the forms listing dates of your child's vaccination history or send a scanned/copied version of their immunisation record.

If your child has any underlying medical condition that may require urgent attention, such as asthma, severe allergies, diabetes etc, the school nurse will forward you the relevant school policy for you to read and sign with a medication consent form and a care plan for you to complete.

Please complete and return these forms, prior to arrival in Houldsworth House, so that the necessary medical administration can be completed before your child commences school. If your child is a boarder, please be aware that failure to fully complete and return this form in a timely manner could cause delays in having them registered at a local medical practice and mean that your child may not be able to access the required medical care they need if there is an issue once starting at St George's.

You can return the completed form by scanning and sending it to the email above or send it by post to: **School Nurse, St George's School, Garscube Terrace, Edinburgh, EH12 6BG.**

I would like to thank you for taking the time to read and complete these forms and I very much look forward to welcoming you to the St George's community.

Warmest regards,

Miss Rebecca McIntyre
School Nurse

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Medical Form 2023-2024

School Nurse

Tel: 0131 311 8000

Email: nurse@stge.org.uk

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Privacy Notice

The information in this form shall be kept on the school's electronic database and in paper format as individual medical records for each pupil within the medical centre. Further information on the school's privacy notice can be accessed on our website.

For boarding pupil, information will be shared with the NHS via the school GP to ensure seamless and efficient medical care.

SECTION 1

REGISTRATION

You must fully complete all sections of this medical form.

Town / City and country of birth	
Telephone number (Parent/Guardian)	
Is this your 1st registration with a UK GP?	
If yes please complete the following	
What date did you enter the UK?	
Your most recent country of residence?	
If no please complete the following	
Last known or current UK GP/ Medical Practice name and address	
Your home address whilst registered at this GP/ Medical Practice.	
Name of Health Visitor (Pre-school only)	
CHI Number	
NHS Number	

Dr Smith provides a private GP service to the school. We recommend that all boarders register with an NHS GP. You may consider registering with the local practice. If your child is boarding, you will be issued a list of local GP services who are open to new patients.

St George's medical team consists of our school GP (for Boarders only), school nurse, first aiders and administrators who will all be responsible for sharing and obtaining medical information regarding your child to endeavour to provide the best care possible.

Please sign and date below to confirm you agree with the team accessing any relevant information.

Your name (Print)	
Your signature (Sign)	
Relation to child	
Date	

SECTION 2

MEDICAL HISTORY

Has your child suffered from or have a diagnosis of any of the following conditions?

Please provide us with as much information as possible so we can deliver the most appropriate care and support, specifically tailored to your child's needs, allowing them full access to education, school trips and physical education. Check YES or NO.

CONDITION	YES/NO	DETAILS
Severe Allergy or Anaphylaxis Life threatening allergy requiring a prescription of an adrenaline auto-injector.	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Asthma	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Diabetes	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Epilepsy	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Mild Allergy E.g., Hayfever	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Respiratory	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Ear/Nose/Throat problems	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Visual or Hearing problems	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Migraines	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Mental/Emotional: E.g., Depression, Anxiety, Self-harm	YES NO <input type="checkbox"/> <input type="checkbox"/>	
Behavioural: E.g., ADHD/Aspergers/Autism	YES NO <input type="checkbox"/> <input type="checkbox"/>	
Musculoskeletal	YES NO <input type="checkbox"/> <input type="checkbox"/>	
Operations/ Surgeries	YES NO <input type="checkbox"/> <input type="checkbox"/>	
Gynaecological problems: E.g., Severe period pains, Heavy menstruation	YES NO <input type="checkbox"/> <input type="checkbox"/>	
Skin conditions : E.g., Eczema, Psoriasis	YES NO <input type="checkbox"/> <input type="checkbox"/>	
Other Past or current medical conditions or infectious diseases?	YES NO <input type="checkbox"/> <input type="checkbox"/>	

Please provide details of any specific dietary requirements, for example: <ul style="list-style-type: none"> • Religious • Vegetarian • Pescetarian • Vegan • Coeliac • Lactose intolerance 	YES NO <input type="checkbox"/> <input type="checkbox"/>	Details:
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SECTION 3

MEDICATION

Please provide details of any medication your child takes, prescribed or over the counter medicines. Any boarding pupils **must bring an EIGHT-WEEK SUPPLY of prescribed medication** to the school at the start of term. This allows the registration and medication checks to be completed prior to medication needing to be requested.

Day students who require specific medication from home may bring a supply to school, this should be in its original packaging with pharmacy label attached, clearly stating students name and date of birth and dose.

Any oral medication from home must be stored in the school's medical room and handed into the school nurse to be dispensed accordingly.

Name of current medication	Dose	Frequency / Time	Reason for medication

Below is a list of medication which can normally be obtained without prescription at a pharmacy. The school nurse, Houseparent's, first aiders or a trained member of staff may administer these to pupils when appropriate.

Day girls in Upper School may receive Paracetamol, Calpol, Ibuprofen, Chlorphenamine, Rennie's or Throat Lozenges, with parental permission.

Nursery students would only be given Junior Calpol, with parental agreement.

ANALGESICS (Painkiller)	ANTIHISTAMINES (Allergy relief)	ANTACID (Acid reflux treatment)	COUGHS/ COLDS	TOPICAL/ CREAMS
<ul style="list-style-type: none"> • Paracetamol (capsules, tablets, melts, or liquid) • Lemsip* • Ibuprofen 	<ul style="list-style-type: none"> • Cetirizine • Chlorphenamine Maleate 	<ul style="list-style-type: none"> • Rennie's • Gaviscon* 	<ul style="list-style-type: none"> • Olbas oil • Throat lozenges • VapoRub* 	<ul style="list-style-type: none"> • Eurax • Germolene • Anthisan • TCP • Arnicare • Vasolene • E45

The starred (*) items are medications that only boarders may access.

Please indicate by **ticking the boxes** below, your wishes regarding the administration of medication to your child:

- I do NOT wish my child to receive any of the above medication.
- I am happy for my child to receive ANY of the above medications.
- I am happy for my child to receive **only** the medications ticked (please highlight, tick or circle the medication above).

MEDICATION CONSENT

Child's full name	
Child's date of birth	
Parent/Guardian Name (Print)	
Relationship to child	
Signature	
Date	

SECTION 4

IN CASE OF EMERGENCY

In case of emergency, please contact:

Full name:	Telephone number:	Relation to child:

In the event of an emergency, we will make every reasonable effort to contact you first. However, should we be unable to make contact, a school nurse or nominated member of staff may be asked to give consent for your child's emergency treatment. In the case that we are unable to contact you, we must have your consent to your child receiving emergency treatment which may include receiving the following by a medical professional.

Please indicate by **ticking the boxes** below, your wishes regarding your child receiving emergency treatment:

I CONSENT to my child receiving SURGICAL PROCEDURES.

I do NOT CONSENT to my child receiving SURGICAL PROCEDURES.

I CONSENT to my child receiving BLOOD PRODUCTS

I do NOT CONSENT to my child receiving BLOOD PRODUCTS.

I CONSENT to my child BEING ADMINISTERED ANAESTHETICS

I do NOT CONSENT to my child BEING ADMINISTERED ANAESTHETICS

Name of parent/guardian (Print)	
Signature	
Date	

SECTION 5

NHS ROUTINE IMMUNISATION PROGRAMME

All school children in the UK, wherever they originate from, are entitled to benefit from the extensive UK immunisation programme.

Please find the 'The Routine Immunisation Schedule' at:

<https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

Immunisation is one of the safest and most effective ways to protect children's health. Public Health advice is clear that all children coming to the UK from overseas should be moved onto the UK immunisation schedule and offered catch up immunisations, as appropriate for their age and previous vaccination history. Your child may be offered immunisations from this programme. **A letter and consent form will be sent to you on these occasions.** For overseas parents, the school nurse is happy to act on your behalf if you wish to consent for your child to receive any immunisations offered.

St George's has entered into an agreement with NHS Lothian to share pupils' personal information for the purpose of organising immunisations in school and to support the Child Health Programme by keeping a record of which vaccinations have been administered. The information to be shared is:

- Child's name
- Date of birth
- Address
- Gender
- School name
- Year group
- Unique pupil reference number

For your child to benefit from this schedule, we require dates of their vaccination history.

Please fully complete the table to follow or provide a photocopy/scanned version of your child's immunisation records. (Table Page 14)

If consent to share with the NHS is not given, then your child will be unable to have any immunisations and therefore, you will have to organise these yourself.

CONSENT TO IMMUNISATIONS AND NHS DATA SHARING

I have read and understand the above advice about immunisations and therefore...

I CONSENT to my child's personal information (bullet pointed on [page 12](#)) being shared with NHS Scotland, for the purpose of organising immunisations.

I do NOT CONSENT to my child's personal information (bullet pointed on [page 12](#)) being shared with NHS Scotland, for the purpose of organising immunisations.

I CONSENT to my child being immunised in accordance with the UK schedule of immunisations and boosters as per the 'Routine immunisation programme for children and young people'.

I do NOT CONSENT to my child being immunised in accordance with the UK schedule of immunisations and boosters as per the 'Routine immunisation programme for children and young people'.

Parent/Guardian Signature	
Student signature (age 16 years and over)	
Date	

Please be aware that if you do not give consent for your daughter to be part of the immunisation programme, that you will be responsible for organising immunisation for your daughter privately.

FLU VACCINATION CONSENT

We offer the seasonal flu vaccination annually during the autumn term which is administered by the NHS Lothian Community Vaccination Team.

I CONSENT to my child receiving the annual flu vaccination in school.

I do NOT CONSENT to my child receiving the annual flu vaccination in school.

Parent/Guardian Signature	
Student signature (age 16 years and over)	
Date	

DATES OF ALL PREVIOUS IMMUNISATIONS

The most efficient option is to **scan and send** your child immunisation passport, booklet, or GP record directly to us at nurse@stge.org.uk.

The forms must have your child's full name and date of birth visible.

If you are unable to send a copy, please complete the table below. Give **exact dates** as opposed to ticking lines.

Disease Protected Against/Vaccine Given	Date Given				Any Issues/Reactions
Tuberculosis / BCG					
Diphtheria, tetanus, pertussis, polio and Hib /DTaP/IPV/Hib					
Pneumococcal / Pneumococcal conjugate vaccine (PCV)					
Meningococcal group B / MenB					
Rotavirus gastroenteritis / Rotavirus					
Meningococcal group C / Men C					
Hib and MenC / Hib/MenC booster					
Measles, Mumps and Rubella (German measles) / MMR					
Tetanus, diphtheria, polio and pertussis / DTaP/IPV					
Tetanus, diphtheria and polio / Td/IPV					
Meningococcal group A, C,W and Y disease / MenACWY					
Cervical cancer / Human Papilloma virus (HPV)					
Influenza (annual) / Live attenuated influenza vaccine					
COVID 19 vaccine (important if overseas student)					
Other					

SECTION 6

DECLARATION

I declare this is a full and accurate medical disclosure. I undertake to keep the school nurse **fully informed** of any medical conditions that may arise in the future or any changes to medical conditions.

Signature:	
Full Name (block capitals):	
Date:	

Please ensure you have fully completed this medical form, with signatures in all sections. If the form is incomplete, it will be returned to you for completion.

CONTACT US

Should you have any questions at all, please do not hesitate to call or email the nurse:

E: nurse@stge.org.uk

T: + 44 (0)131 311 8000

We appreciate the time you have given to read and complete this document and would like to formally welcome you and your child to the St George's community.

Warmest regards,

Miss Rebecca McIntyre

St George's School Nurse