



Blundell's

FOUNDED 1604

ENTRY MEDICAL INFORMATION FORM

Please keep this front sheet for your reference

Please complete the attached form and return to the Registrar's Office with the Acceptance Forms before your child starts at school. Please ensure all information is written in English (including medical documents and immunisation records).

All pupils can be seen in the medical centre by the nursing team, regardless of their boarding status.

- **Full and weekly boarding pupils** will automatically be registered with the school doctor. Pupils will be given a medical examination by the nurses and all necessary treatment will be organised by the medical centre.
- **Day and flexi-boarding pupils** must be registered with their own doctor.

Blundell's Medical Centre	
Tiverton, Devon. EX16 4DR Direct Line 00 44 (0)1884 232422 Email medical@blundells.org seniornurse@blundells.org	Open: Mon' – Sat' 08:00-18:00 hrs <i>(there is always on-call cover outside of these hours)</i> Senior Nurse : Mrs Caroline Edwards School Doctor : Dr Frank O'Kelly Clare House Surgery : 00 44 (0)1884 252337 Amicus Health

Further Information:

- **Holiday treatment:** 111 telephone/on-line and the NHS App can help for medical advice and services and you may be directed to your GP.
- **Medical update:** If your child has an operation, accident, severe illness, immunisation or special treatment outside of term time, please update the Medical Centre directly.
- **Infectious diseases:** If your child is exposed to a infectious disease or becomes unwell after returning from overseas travel, please contact the Medical Centre for further advice.

Once you have completed the rest of the form, we recommend that you keep a copy and return pages 2-6 to the [Registrar's Office, Blundell's School, Tiverton, Devon, EX16 4DN](#)
Or scanned to registrars@blundells.org

ENTRY MEDICAL INFORMATION FORM

Please complete in black ink

Child's Details: Surname: _____ Gender: _____
First Names: *(as shown on Birth Certificate)* _____
Preferred name: _____ Date of Birth: _____
Nationality: _____ First Language: _____
Religion: _____ Town/City of Birth: _____
Country of Birth: _____

Year of Entry: _____ **Term of Entry:** Autumn (Sept') / Spring (Jan') / Summer (Apr')
Boarding Status: Day / Flexi-Boarder / Weekly Boarder / Full Boarder

Current GP: Name: _____ **Practice:** _____

Address: _____

Tel: _____

NHS Number (if known): _____

For Office use Only	20 _____
Received	
GMS1/TR	
Consent	

Eligibility for NHS Medical Services for non-UK Residents

- 1 **Internationals (non-UK passport holder) in the UK on any Student VISA**
-will have automatically been required to pay the NHS surcharge and therefore are fully covered by the NHS for all medical care. Please tick
- 2 **Internationals in the UK on a Visitor's VISA (i.e. less than 6 months)**
-have not been required to pay the NHS surcharge and are therefore **not** fully covered by the NHS (Primary Care only) and so will be liable to pay medical costs. It is recommended that they take out private health care insurance.
- 3 **British National (UK passport holder) whose family is resident outside of the UK**
-are **not** fully covered by the NHS (Primary Care only) and so will be liable to pay medical costs. It is recommended that they take out private health care insurance.

The full government guidance on NHS treatment and charges for overseas visitors can be found here:

<https://www.gov.uk/government/publications/how-the-nhs-charges-overseas-visitors-for-nhs-hospital-care/how-the-nhs-charges-overseas-visitors-for-nhs-hospital-care>

I **confirm** that I understand the medical eligibility and possible cost liability for my child(ren) whilst they attend Blundell's.

Name (Capitals):

Signature:

If appropriate, please provide details of any **Private Health Insurance Scheme** or **European/Global Health Insurance Card (GHIC/EHIC)** in your child's name, including expiry date and ID Number.

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Has your child had the following infections?

Infection		Dates/Details
Chicken pox	Yes / No	
German measles	Yes / No	
Measles	Yes / No	
Polio	Yes / No	
Scarlet fever	Yes / No	
Hepatitis B	Yes / No	
Diphtheria	Yes / No	
Mumps	Yes / No	
Malaria	Yes / No	
Rheumatic fever	Yes / No	
Whooping cough (pertussis)	Yes / No	
TB (tuberculosis)	Yes / No	
Any other infections? (ie.tropical)		
Covid	Yes / No	

Does your child have any of the following conditions? Or suffered from a condition previously?

CONDITION		Please provide details incl. any medications and dates
Allergies (i.e. food, drugs, insect)	Yes / No	Adrenaline Auto-Injector e.g Epipen, Emerade Jext? Yes / No
Asthma	Yes / No	Inhalers: If Yes, can your child use NSAIDs i.e. Ibuprofen? Yes / No
Diabetes	Yes / No	
Epilepsy	Yes / No	
CONDITION		Please provide details incl. any medications and dates. If under Hospital, follow up – see over
ADHD / ADD / ASD / other Neurodevelopment disorder	Yes / No	
Eating disorder	Yes / No	
Registered disabled / blind / deaf	Yes / No	
Mental health issues (depression, anxiety, self-harm etc)	Yes / No	
Immune system disorder	Yes / No	
Surgical operations	Yes / No	

If your child is having ongoing treatment for a condition or is under the care of a consultant or specialist, please email the Medical Centre medical@blundells.org with the relevant details. All medical documents must be written in English.

Is your child being treated for an on-going PHYSICAL condition? Yes / No

If yes please provide details: _____

Is your child being treated for an on-going PSYCHOLOGICAL condition? Yes / No

If yes, please provide details: _____

**Has your child seen a healthcare professional, other than a doctor, in the past
(e.g. physio-therapist, counsellor, chiropractor, osteopath etc.)?**

Yes / No

If yes, please provide further details: _____

Please use this section to provide any medical information, not already mentioned above:

Are there any reasons why your child should not be involved in all activities and aspects of school life?

Please list ALL tablets, medications or topical ointments that your child is using:

MEDICAL CONSENT

All Parents / Guardians

I understand that in an emergency every effort will be made to contact parents / guardians for consent to an operation and/or administration of an anaesthetic to my son or daughter, but if it proves impossible I hereby authorise the Head or a Senior Member of staff or Medical Centre staff to act in loco parentis.

please tick

I consent to my son / daughter receiving first aid / appropriate non-prescription medication / emergency dental / optical / medical treatment under the guidance of the medical centre staff.

please tick

I consent to my child receiving all routine childhood immunisations, as recommended by Public Health England

please tick

I have read the 'Guidelines for the Control and Administration of Medications in School' *please tick*

Name of Pupil:

Signed:

(Parent or Guardian)

Print Name:

Date:

IMMUNISATION HISTORY

Has your child received all recommended immunisations?

Yes / No

If **yes**: please provide us with your child's immunisations history. It would be helpful if copies of **all** vaccination and immunisation documents could be enclosed with this form, alternatively please provide a copy of your child's immunisation history from your GP.

Name of Pupil	
Date of Birth	

DATES OF IMMUNISATIONS

Immunisation/Vaccination	1 st	2 nd	3 rd	Booster	2 nd Booster
Diphtheria					
Tetanus					
Poliomyelitis					
Whooping cough (Pertussis)					
Haemophilus influenza type b (Hib)					
Pneumococcal infection (PCV)					
Meningitis ACWY/C					
Measles, mumps, rebecca (MMR)					
HPV					
BCG (Tuberculosis)					
Hepatitis A					
Hepatitis B					
Typhoid					
Yellow Fever					
Other (e.g. cholera, rabies etc)					
Rabies					
Covid					

MEDICATIONS IN SCHOOL

Guidelines for the Control and Administration of Medications in School

- It is essential that new boarders discuss all their medication requirements with the Medical Centre staff when starting school
- All medication details should be included on the Medical Information Form which is submitted prior to arrival of all new pupils
- Any controlled medications (such as Methylphenidate) brought to school from home, must be accompanied by supporting documentation from the prescribing physician/consultant
- Medications must be handed to Matron or brought directly to the Medical Centre. This includes all homeopathic or herbal remedies
- All medication should be clearly labelled in English with original packaging. It must include pupil name, dosage, expiry date and include any necessary instructions. Any supporting documentation from the prescribing doctor should be submitted to the Medical Centre
- Please note that many over the counter medications for common ailments, such as headaches or hay-fever, are available from Matron in House. Pupils therefore do not need to hold their own stock supply in School
- All boarders will have access to any required medications via the Medical Centre following a consultation with the School Doctor or Nurse
- Pupils are not allowed to self-administer any medications without the prior consent and approval of the Medical Centre. If the pupil is over 16 years of age, they may be allowed to self-medicate if they wish but only after they have read, understood and signed a 'Self- Medication' form which is available from the Medical Centre
- Day pupils, who have been prescribed medication by their GP requiring administration during the school day, must give this medication to Matron for administration on arrival to School
- All medications (over the counter and prescribed medications), administered in House by school staff, are recorded in the House Medication Book
- **School House Only** (Years 7 & 8) – over the counter medications will not be administered to a pupil without parental consent first. It is the responsibility of parents to inform the School House staff if their child has had over the counter medications before coming to school.

If you have any queries about your child's medication, please contact the **Medical Centre** on [01884 232422](tel:01884232422) or email us on medical@blundells.org.

September 2022