



Tockington Manor School

Dear Parents

At Tockington Manor School we strive to provide outstanding healthcare for your child whilst in our care. To enable us to do this there are some important forms for you to complete and return to the First Aid Coordinator (FAC) **BEFORE** your child starts at the school. In this Medical entry pack you will find:

- **A Medical Form:** This form provides us with an outline of your child's past medical and development history including your emergency contact numbers and doctor's details.
- **FORM 1: Consent to administer medication form:** This form, once signed, allows trained staff to administer certain medications if the need arises.
- **FORM 2: Consent to administer own prescription medications:** This form should be completed if your child takes a prescription medication that they need to bring to school for staff to administer e.g. Antibiotics or regular prescription medicines.

MEDICATION FOR BOARDERS

If your child becomes ill whilst at Tockington Manor School, the FAC and house staff are able to assess their condition and provide medicines as required. Please note that the following medications are stocked in the Medical Room at the school.

Paracetamol syrup and tablets	Ibuprofen (anti-inflammatory) syrup and tablets
Benylin cough mixture	Sudafed decongestant (colds)
Piriton (antihistamine) syrup and tablets	Strepsils for sore throats (sugar free)
Antiseptic creams and sprays	Arnica cream for bruises
Travel sickness medication (Stugeron 15)	
First aid supplies	

PLEASE DO NOT SEND ANY OF THE ABOVE TO SCHOOL WITH YOUR CHILD

However, if your child requires a specific medication e.g. inhalers, we would ask you to provide the following for EACH medication he/she brings to school:

(If not in English, a translation on a separate piece of paper must be included :)

- Name of medication
- Dose required
- Frequency taken
- Number of days required
- Reason for taking the medicine.

The medication must be supplied to the school in the **original** container with your child's name and date of birth clearly on the label.

This will enable the FAC and house staff to dispense your child's medication safely and appropriately. For health and safety reasons, the school **WILL NOT** give out medications unless there is a written consent form completed. (FORM 2)

Lastly, the house staff should be handed your child's medication when they arrive at school so that it can be kept locked in the medical room

Thank you for your co-operation.

Yours Sincerely

**Alison Hale
First Aid Coordinator**



Tockington Manor School

FORM 1

CONSENT TO ADMINISTER MEDICATION

Name of Child: **Date of Birth:** / /

The following medications will be available to boarding pupils if required. Please indicate which may be used for your child.

Paracetamol as syrup or tablets	YES/NO
Ibuprofen syrup or tablets(boarders only)	YES/NO
Strepsils for sore throats (sugar free)	YES/NO
Piriton (antihistamine)	YES/NO
Anthisan Cream for bites and stings	YES/NO
Cough medicine	YES/NO
Sudafed decongestants	YES/NO
Travel sickness tablets (Stugeron 15)	YES/NO

A daily multivitamin chewy tablet is administered to all boarding children to help promote a healthy immune system and prevent the spread of seasonal illnesses. If you do not wish this to be administered to your child please inform us.

Permission

I authorise staff at Tockington Manor School to administer the above medication to my child:

Signed: **Date:** / /
Parent/Guardian



**Tockington Manor School
MEDICAL FORM**

This form is intended to help the school doctor by providing them with brief details of your child's medical history. Please complete and return medical forms before your child starts at school.

Child's Name: **Date of birth:** / /

Father's Name: **Mother's Name** ...

Home address: **Home phone number:**

..... **Father mobile:**

..... **Mother mobile:**

Family Doctor's Name:
.....

Address:
.....
.....
..... **Phone Number:**

Immunisations

Has your child received any vaccinations on the UK Immunisation Schedule?			
Yes		No	

If Yes, please give details (including travel vaccinations)	

If No, please give details of any vaccinations your child has received.	



Has your child had (normally given at 3-4years)

MMR second injection	Yes		No	
Diphtheria, tetanus, peruses and Polio (DtaP/IPV) pre-school booster	Yes		No	
Influenza	Yes		No	

Boarders ONLY

If your child is Asthmatic, would you like your child to receive a Flu vaccination?			
Yes		No	
I give permission for to receive a Flu vaccination			
Signature:		Date	

If your daughter is in Year 8, and boarding for a year, would you like her to receive the HPV double injection?			
Yes		No	
I give permission for my daughter to receive the double HPV injection			
Signature		Date	

DEVELOPMENTAL HISTORY

Does your child have:

Normal physical development	Yes		No	
Hearing difficulties	Yes		No	
Does your child wear a hearing aid?	Yes		No	
Problems with vision	Yes		No	
Does you child wear glasses?	Yes		No	
Congenital abnormalities	Yes		No	
Speech development problems	Yes		No	
Bedwetting problems	Yes		No	

Please give details if necessary:

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MEDICAL HISTORY

Does your child have:

Anaphylaxis	Yes		No	
Asthma	Yes		No	
Diabetes	Yes		No	
Fits or Convulsions	Yes		No	
Hay fever	Yes		No	
Heart Condition	Yes		No	
Migraine	Yes		No	
Skin conditions	Yes		No	
Travel sickness	Yes		No	
Menstrual Cycle	Yes		No	

If you have ticked Yes to any of the questions above, please specify signs and symptoms of condition and what medication your child requires (homeopathic or prescribed.)

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Any other medical conditions:

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Is your child allergic/intolerant to any of the following? (Please give details)

Medication:

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Foods e.g. Cultural beliefs, Vegetarian, Gluten Free etc.:

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Other:

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Please give details of any medication (homeopathic, over the counter or prescription) your child is currently taking including inhalants and sprays. If they require the medication to be given at school, please ensure FORM 2 is completed and returned.



CONSENT TO EMERGENCY TREATMENT

I AUTHORISE THE Headmaster, or a nominated deputy acting on his behalf, to consent on the advice of an appropriately qualified medical specialist to my child receiving emergency medical treatment, including general aesthetic and surgical procedure (under the NHS/privately, either at our expense or under our private medical insurance cover) if the school is unable to contact me within a reasonable period of time.

Signature of parent or guardian: **Date:**
...../...../.....

CONSENT TO GENERAL AND FIRST AID TREATMENT

I give consent for my child to receive all general health care and first aid services provided at the school by staff with a current first aid certificate.

He/she may/may not be given first aid treatment by any qualified staff
Please delete as appropriate

He/she may not be given non-prescribed medicines to treat minor illness or injury.
Please delete as appropriate

Signature of parent or guardian: **Date:**
...../...../.....

Please return completed form to:
The First Aid Coordinator
Tockington Manor School, Tockington, Bristol, BS32 4NY
Please ensure that all forms are completed and sent back to school BEFORE your child starts at Tockington Manor School.