

# FRENESHAM HEIGHTS

## MEDICAL FORM (ALL STUDENTS)

Please complete this form, one per child, then sign and upload as requested.

Student Surname – .....

Student Firstname - .....

Date of Birth - .....

Please note as per school policy:

- All students with diagnosed asthma must carry their reliever inhaler around with them at all times and off site to such activities such as fixtures/school trips.
- All students who have been prescribed an auto adrenaline injector (AAI) pen must carry 2 in date pens with them at all times and off site to such activities such as fixtures/school trips.

If your child has diagnosed asthma, allergies or anaphylaxis, please complete the appropriate care plan which can be found on the school website. Please email the completed signed care plan (s) to the School Nurses – [healthcentre@frensham.org](mailto:healthcentre@frensham.org)

If your child already has a care plan from their Dr, please email this to the school nurses – [healthcentre@frensham.org](mailto:healthcentre@frensham.org)

### Junior school students:

If a student has any of the above prescribed, these are to be handed to teaching staff for safekeeping.

(Salbutamol inhalers and generic AAI pens are kept in the health centre and boarding houses for emergency use.

### **Consent**

I give my consent for any necessary medical and emergency treatment to be carried out while my child is at school or off site on school trips/fixtures. This may include the administration of over-the-counter (OTC) medications (please see OTC list found on website).

### HEALTH CARE at Frensham Heights

Signed: ..... Date: .....

Relationship to student: .....



# FRENESHAM HEIGHTS

## MEDICAL FORM

(BOARDERS SECTION ONLY – please only complete the following two pages if your child is a boarder at FHS)

Town & Country of birth – .....

If born outside UK, date when first entered UK - .....

All boarders at Frensham Heights are registered with the school GP practice –

Holly Tree Surgery, 42 Boundstone Road, Farnham GU10 4TG.

Please note if your child is registered at the school practice and they require to see a Dr during the school holidays, they can be registered at your family GP practice as a TEMPORARY patient to be seen.

Current GP Name & Address - .....

NHS number (if known) - .....

### **Immunisation History:**

#### **Routine Childhood Immunisations as per NHS schedule (updated 8.9.2023)**

*Diphtheria/Tetanus/Pertussis/Polio & Hib*

1 <sup>st</sup> dose date -		2 <sup>nd</sup> dose date -		3 <sup>rd</sup> dose date -	
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OR

*Diphtheria/Tetanus/Pertussis/Polio/Hib & hepatitis B*

1 <sup>st</sup> dose date -		2 <sup>nd</sup> dose date -		3 <sup>rd</sup> dose date -	
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*Pneumococcal* Date -

*Meningitis C* Date -

#### **12 Month Immunisations**

*Hib & Men C booster* Date -

*Pneumococcal booster* Date -

*MMR 1<sup>st</sup> dose* Date -

#### **Pre School Boosters (age 3 years 4 months or soon after)**

*Diphtheria/Tetanus/Pertussis/Polio* Date -

*MMR 2<sup>nd</sup> Dose* Date -



**Boys & Girls aged 12-13 years**

**HPV**

1 <sup>st</sup> dose date -		2 <sup>nd</sup> dose date (If applicable)-	
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**14 years old (school Year 9) -**

*Diphtheria/Tetanus/Polio booster*      *Date -*

*Men ACWY*      *Date -*

**Private medical insurance**

Please note this is NOT provided by the school.

Does your child have private UK medical insurance?      Yes / No

If yes, please state the insurer's name.

Your child's membership number:

