

**BROCKHURST / MARLSTON HOUSE / RIDGE HOUSE SCHOOLS  
CONFIDENTIAL**

SURNAME	FORENAMES	DATE OF BIRTH	DATE OF ENTRY
.....	.....	.....	.....
Home address:		Brothers & Sisters	Dates of birth
.....		.....	.....
.....		.....	.....
.....		.....	.....
Work telephone numbers		Mobile telephone numbers	
Mother .....		Mother .....	
Father .....		Father .....	
Home tel. no.....		Emergency contacts	
		.....	
		.....	

Has he/she suffered / does he/she suffer from?	YES / NO	Year and further details:
Asthma, Eczema, Hay fever	YES / NO	
Chickenpox	YES / NO	
Convulsions or fits	YES / NO	
Deafness or ear disorder	YES / NO	
Eye problems	YES / NO	
Measles	YES / NO	
Mumps	YES / NO	

**Please give details of immunisations:**

DTPP (Diphtheria / Tetanus / Pertussis / Polio)	3 injections in 1st year. 1.....	1st booster 2 .....	2nd booster 3 .....
MMR (Measles / Mumps / Rubella)	1 .....	2 .....	
HIB (Haemophilus influenza / meningitis / pneumonia)	1 .....	2 .....	
Other			

Any medicines brought into school must have a written and signed note detailing precise requirements. These MUST be handed to Mrs Park or an assistant matron in the surgery (and not kept by the pupil).

The school reserves the right, in certain circumstances, to decline responsibility for giving a child a prescription medicine.

**Has he/she had:****If YES please give details:**

Any operation?	YES / NO	
Any serious accident?	YES / NO	
Any skin problems?	YES / NO	
Any other serious illness?	YES / NO	
Is he/she taking any medications or drugs?	YES / NO	
Any allergies? (Medication / plaster / nuts etc.)	YES / NO	
If YES does he/she have an Epipen?	YES / NO	
Any dietary restrictions? (e.g. non-dairy / wheat free etc.)	YES / NO	
<i>BOYS</i> Has he had his testicles checked by your GP?	YES / NO	
<i>GIRLS</i> Has she started her periods?	YES / NO	
Is he/she under the care of a specialist?	YES / NO	
Is there any history of past or present illness of relevance?	YES / NO	
If hospital admission or specialist opinion were required, would you prefer NHS or private?		
Any other relevant information?		

The following are available in the surgery for the pupils when necessary:-  
Paracetamol tablets or Calpol, Diocalm (diarrhoea), Rennie's (indigestion), Piriton (if a serious allergic reaction), Cough Linctus

We agree to our son / daughter being given any of the above if necessary (please agree to all or none)	YES / NO
We consent for first aid and/or emergency treatment to be given to our son / daughter if the school is unable to contact us	YES / NO

**FAMILY DOCTOR:** ..... **NHS Number:** .....

**Practice address:** .....  
.....  
.....

**Practice Tel. No.** .....

**Signed** ..... **Date** .....

**Please PRINT name** .....