



Private & Confidential

**MEDICAL & SOCIAL PROFILE**

**SOCIAL PROFILE**

Child's first names.....Surname.....

Name by which he/she likes to be called (if different from above).....

Date of Birth.....

Home Address.....

.....

Father's name..... Mother's name.....

Address (if different from above)

Address (if different from above)

.....

.....

.....

.....

Occupation.....

Occupation.....

Tel No. (Home).....

Tel No (Home).....

Work.....

Work.....

Mobile.....

Mobile.....

e-mail.....

e-mail.....

**Name, Address & Contact Number of Guardians (essential for overseas students)**

Name &

Address.....

.....Contact No.....

Names & Dates of Birth of siblings.....

If your child is regularly cared for by another adult

Name.....

Relationship to child.....

Contact Number.....

**Are there any special home circumstance of which we should be aware?  
(parental separation, divorce, death in the family etc)**

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.....  
.....

**Does your child have any special likes or dislikes of which we should be aware?**

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.....  
.....

**Are there any social or behavioural details concerning your child of which we should be aware?**

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.....  
.....

**MEDICAL PROFILE**

Name & Address of family Doctor.....

.....

NHS No (Please provide).....

**MEDICAL HISTORY** Has your child ever had one of the following? If so please tick and give details

- Asthma.....
- Hayfever.....
- Eczema.....
- Meningitis.....
- Fits.....
- Epilepsy.....
- Enuresis (bed-wetting).....
- Sleep-walking.....
- Diabetes.....
- Heart, Kidney, Blood problems.....
- Any hospitalisation.....
- Any major illness.....
- Any recurrent medical problem.....

**CURRENT HEALTH** Does your child have any problems, concerns or on-going treatments for any of the following? If so please tick and give details

- Allergy.....
- Diet.....
- Sight.....
- Hearing.....
- Teeth.....
- Disability.....
- Other.....

**IMMUNISATIONS**

Given at age	Vaccination	Date of Vaccination
2 months	Diphtheria, tetanus, whooping cough, polio, Hib and pneumococcal	
3 months	Diphtheria, tetanus, whooping cough, polio, Hib and Meningitis C	
4 months	Diphtheria, tetanus, whooping cough, polio, Hib, and pneumococcal	
12 - 13months	Hib and Meningitis C booster Measles, Mumps, Rubella Pneumococcal booster	
3 years 4 months	Diphtheria, tetanus, whooping cough, polio b ooster and Measles, Mumps and Rubella booster	
Others (i.e. travel)		

## **MEDICAL CARE**

The Matrons at Forres Sandle Manor are available to provide medical, physical and pastoral care to **all** pupils as required. The Matrons, together with supervising staff during off-site trips may

- give common non-prescription remedies for minor ailments
- give paracetamol and/or ibuprofen for relief of pain, fever or headache
- give prescription drugs on the advice of the school doctor or parent
- seek medical advice
- administer first-aid in the event of an emergency
- give consent for medical treatment which may include the use of anaesthetics in an emergency if parents cannot be contacted

## **BOARDING PUPILS**

Please note that all boarding pupils are normally registered with the school doctor, Dr Simon Smith, at the Fordingbridge Health Centre.

### ***Parents of boarders please delete as required:***

- Please register my child with the school doctor.
- I do not want my child registered with the school doctor and it is my intention to continue to arrange visits to my family doctor and I undertake to accompany my child as required.

## **OVERSEAS BOARDERS**

### ***Parents please delete as required:***

- I would like the school to arrange visits to a local dentist for my child
- I shall arrange dentist visits for my child
- I would like the school to arrange visits to a local optician for my child
- I shall arrange optician visits for my child

**(Unfortunately we are only able to offer this service whilst your child is living overseas)**

## **FOR ALL PUPILS**

In the interests of your child's well-being, you are asked to inform us immediately should family, medical or social circumstances change. The Headmaster or Senior Houseparent will be pleased to discuss any matters that may arise at any time.

Signature of parent(guardian).....Date.....

Please note: Signature of this form indicates agreement with the school's medical policy, medical treatment as indicated above and disclosure of all relevant medical and social information in the child's best interest. **NO MEDICINES** should be brought to school without a Matron's permission.

