



St Dunstan's  
College

**APPENDIX 6 – Medical and Educational Needs Questionnaire**

To be completed by parents in **black ink** and **BLOCK CAPITALS**.

Pupil Surname: \_\_\_\_\_

Pupil First Name(s): \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_  Male  Female

NHS Number: \_\_\_\_\_

EU Health Insurance Card Number: \_\_\_\_\_

Town and Country of Birth: \_\_\_\_\_

Home Address:

GP Name: \_\_\_\_\_

GP Address:

GP telephone number: \_\_\_\_\_

**Emergency Contact Details**

All pupils must have at least two emergency contacts listed. These can be friends or relatives over the age of 25, preferably living within one hour’s driving distance of St Dunstan’s College. All emergency contacts must be able to collect the pupil from school in the case of illness, emergency or any other reason.

**Emergency Contact 1:**

Full Name of Contact: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address:

Relationship to Pupil: \_\_\_\_\_

**Emergency Contact 2:**

Full Name of Contact: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address:

Relationship to Pupil: \_\_\_\_\_

**Allergies**

Please list any allergies the pupil has, including allergies to medication

		Medication Prescribed	Type of Reaction
Nuts	Yes/No		
Food (please specify)	Yes/No		
Wasp/Bee stings	Yes/No		
Allergy to medication (please specify)	Yes/No		
Other (please specify)	Yes/No		

**Illness/Operations**

Please list any illnesses the pupil has had.

		Date (if known)	Further Information
Chicken Pox	Yes/No		
Glandular Fever	Yes/No		
Appendectomy	Yes/No		
Tonsillectomy	Yes/No		
Grommets	Yes/No		
Heart Surgery	Yes/No		
Broken Bones	Yes/No		
Other (please specify)	Yes/No		

**Dietary Requirements**

Please give details below of any special dietary requirements the pupil has.

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### Immunisation Record

Please complete the details in full, with dates

<b>Vaccination:</b>	<b>Date:</b>	<b>Vaccination:</b>	<b>Date:</b>
BCG	Yes/No	Rabies	Yes/No
Diphtheria	Yes/No	Tetanus Booster	Yes/No
Hepatitis A	Yes/No	Typhoid	Yes/No
Hepatitis B	Yes/No	Whooping Cough	Yes/No
Polio Booster	Yes/No	Yellow Fever	Yes/No
Meningitis ACWY	Yes/No	Other	Yes/No
Meningitis B	Yes/No	<b>Girls only:</b>	
Meningitis C	Yes/No	HPV 1	Yes/No
MMR	Yes/No	HPV 2	Yes/No

### Medical Conditions

Please complete all sections with as much information as possible, including medication doses

	<b>Medication</b>	<b>Further Information</b>
Asthma*	Yes/No	
ADHD	Yes/No	
Anxiety/Depression	Yes/No	
Bone/Joint diseases	Yes/No	
Diabetes	Yes/No	
Eating disorders	Yes/No	
Eczema/Psoriasis	Yes/No	
Epilepsy or other seizures	Yes/No	
Hay fever	Yes/No	
Heart murmur	Yes/No	
Migraines	Yes/No	
Other		

Reviewed – February 2018

Next review – February 2019

**\*Asthma**

If the pupil has asthma/has been prescribed an inhaler, please indicate if you give consent for them to be administered the emergency inhaler should their inhaler be unavailable.

- I consent for my child to be administered the emergency inhaler should their inhaler be unavailable.
- I DO NOT consent for my child to be administered the emergency inhaler should their inhaler be unavailable

**Medication**

Please list any other medication the pupil is currently taking, whether prescribed or over the counter, and the reasons.

**Other Health Needs**

Please provide full details of any other physical health problem your child has experienced or is currently experiencing not detailed above.

**Emotional and Mental Health Needs**

Please provide full details of any other emotional or mental health issues or characteristics that have affected your child (for example bereavement, divorce, anxiety, depression, autism or Asperger syndrome, OCD, attention disorders, immediate family member with acute medical needs, etc.)

**Special Educational Needs**

Please provide full details of any new or relevant information regarding Learning Support or Special Educational Needs that has already been communicated to the College. Please attach any additional information, such as an educational psychologist's report, to this document.

**Other Agencies**

Are there any other agencies involved in the care of the pupil such as CAMHS, Social Services, Speech or Occupational Therapy, etc.?

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**Parental Authorisation – please complete both sections**

I confirm that I have completed this Pupil Medical and Educational Needs Questionnaire and have shared all relevant information as accurately as possible. I also confirm that it is my parental responsibility to update the College immediately should any information shared on this form change.

Parent/Guardian signature:  Date:	Parent/Guardian signature:  Date:
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