

INSPIRATIONAL
Box Hill School
Medical Form

Parents **MUST** complete this form as far as they are able. **IT IS ESSENTIAL that it is returned to the school BEFORE YOUR CHILD ATTENDS THEIR ASSESSMENT DAY.**

The School Medical Officers are: **Dr L. Tomei** and **Dr R. Sekhon**.

Pupil's Name Date of Birth __/__/____
(Capital letters, Surname first)

Has he/she suffered any serious illness? YES NO

If Yes, please give details

Please give details of any history of allergic complaints such as hayfever or asthma

Does he/she suffer from a food allergy? YES NO

If Yes, please give details.

ANY CHILD WITH A FOOD ALLERGY IS REQUIRED TO BRING THEIR OWN SNACK.

If your child requires an Adrenaline Auto-Injector (AAI) either Epipen, Jext or Emerade for any of their allergies they must bring it with them and the Registrar must be reminded on the day.

If you know your child needs to take any medication during their Assessment Day, please contact the Nurses on Tel: 01372 385039 **BEFORE** their arrival to discuss. The Medical Centre is open Monday – Friday 7.30 am – 6pm.

If your child develops any medical condition after submission please inform applications@boxhillschool.com.

Do you consent to your child being given non-prescription medication and emergency first aid by the Nursing Staff? YES NO

Signature of Parent or Guardian Date

Print Name.....

Address

Mobile contact number

Alternative emergency contact number

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www.boxhillschool.com