

BANDON GRAMMAR SCHOOL



NEW PUPIL MEDICAL QUESTIONNAIRE

THIS FORM MUST BE COMPLETED AND SENT TO THE SCHOOL BEFORE THE FIRST DAY OF TERM-APPLICABLE TO ALL STUDENTS

Name of Student: _____

Gender: _____

D.O.B: _____

Entering Year Group: _____

Boarder [] Day Pupil []

Home Address:

Parent(s)/Guardian(s): _____

Phone Nos: HOME: _____ WORK: _____ MOBILE: _____

If next of kin is not resident in Ireland, please give details of Guardian or emergency contact person:

Name: _____

Relationship to Student: _____

Address:

Phone Nos: _____

Family Doctor: _____

Address: _____

Phone No: _____

Family Dentist: _____

Address:

Phone No: _____

Please indicate if this student has had all of his/her vaccinations to date:

Whooping Cough { } Diptheria { } Tetanus { } Polio { } Mumps { }

Menangitis (Hib Vac) { } Rubella { } BCG Vaccine { } Measles { }

When was his/her last tetanus injection? _____

Has he/she any allergies,

e.g.food/medicine? _____

Is your child covered by any private Insurance scheme for medical care?

Medical Card : YES[] NO[] Medical card NO: Expiry Date:

Details of any past and current medical history:

If your child has a chronic medical condition eg. Epilepsy, Cystic Fibrosis, Asthma, Diabetes , Anaphylaxis etc please indicate here. _____

IF YES TO THE LATTER PLEASE ARRANGE AN APPOINTMENT WITH THE SCHOOL NURSE TO FILL OUT A HEALTH CARE PLAN TO ENSURE YOUR CHILDS HEALTH CARE NEEDS ARE MET IN THE SCHOOL ENVIRONMENT.

Please state if he/she has had any significant emotional difficulties eg bullying, family bereavement, depression, eating disorder etc

Is your child taking any medication (If yes please state name and dose of medication)?

Is your child fit in all respects for the usual games/ sports played at school? If not, please give details of exceptions and reasons._____

Any significant family medical history?_____

Are you willing for the information contained in this questionnaire to be shared confidentially with teaching staff/ medical staff in the interests of your child?

IMPORTANT INFORMATION

- In the interest of your children you must notify the school if at any time during the year you or your family are in contact with or contract any infectious or contagious illnesses such as chicken pox, whooping cough (Pertussis) measles, mumps and scarlet fever. This is so that we can advise you accordingly and prevent such illnesses spreading throughout the school.
- We advise all pupils to have flip-flops and to wear them in the showers. This is to prevent verrucas. Parents are responsible for the treatment of verrucas.
- PUPILS ARE NOT ALLOWED TO KEEP MEDICATION (Except inhalers) IN THEIR DORMITORIES OR LOCKERS.
- The above information will be treated in the strictest confidence. It is important that we have full and complete information in case of Emergency.
- Please inform the Nurse/Matron of any changes in your child's health during their time in Bandon Grammar School.
- **PLEASE NOTE SHOULD YOUR CHILD REQUIRE MEDICATION DURING THE SCHOOL DAY THE LATTER MUST BE HANDED TO THE SCHOOL NURSE/MATRON AND THE RELEVANT FORM FILLED OUT (available on website or from medical room). STUDENTS SHOULD NOT CARRY MEDICATION WITHOUT CONSULTING WITH THE SCHOOL NURSE/MATRON FIRST.**

PERMISSION FOR ADMINISTRATION OF MEDICINES AND PROCEDURES (BY SCHOOL NURSE/MATRONS OR OTHER SCHOOL STAFF IN AN EMERGENCY)

I am aware that my son/daughter/guardian may need to attend the school nurse/ matrons. I give permission for him/her to receive:

(A) First Aid assistance: **YES [] NO []**

(B) To give him/her over-the-counter, non-prescription medicines when necessary:

YES [] NO []

(C) To give his/her medication as prescribed by the GP: **YES [] NO []**

I consent to Bandon Grammar School holding data on my child for their Medical Care Records in accordance with the Data Protection and Privacy Policy of the school.

DATE:

PARENT/ GUARDIAN SIGNATURES:

SCHOOL NURSE SIGNATURE & DATE RECEIVED:

The final section of this form extracts vital information from the beginning of the questionnaire and places this in a legal format to enable school employees to act upon your instructions, on your child's behalf, while complying with the relevant legislation and codes of practice. Note on completing this section, enter the date that you complete the form, your name(s) and your child's name. At '1.', state relationship (i.e. mother, father, step-parent, brother, etc.), and the child's full name. Points 2 and 3 require you to state particular relevant medical conditions. If there are none please state 'NONE'.

Both parents/guardians (where applicable) are to sign in the spaces provided in the presence of a witness who also signs and gives his/her address.

Administration of Medicines

Indemnity

THIS INDEMNITY made the _____ day of _____ 20____ **BETWEEN**
 _____ the legal guardian/s of _____
 _____ (pupil's name) (hereinafter called "The Guardian/s") of
 the one part and The Board of Directors of Bandon Grammar School Limited, Secondary
 School situated at Bandon in the County of Cork (hereinafter called "The Board") of the other
 part.

WHEREAS:

1. The Guardian/s is/are respectively the lawful _____ (state relationship/s) of _____, a pupil of the above school (hereinafter called "The Pupil").
2. The Pupil suffers on an ongoing basis from the condition known as _____ (name condition). (delete if applicable)
3. The Pupil suffers on an ongoing basis from an allergy to _____ (state substance/drug, etc.) (delete if applicable)
4. The Pupil may, while attending the school, require the administration of medication and/or first aid.
5. The guardian/s have agreed that the said medication and if necessary, first aid may be administered by any teacher or school matron of the school and/or such other members of staff of the school as may be employed from time to time by the Board.

NOW IT IS HEREBY AGREED by and between the parties hereto as follows:

In consideration of the Board entering into the within Agreement, the Guardian/s, as the lawful _____ (state relationship/s) respectively of the Pupil, **HEREBY AGREE** to indemnify and keep indemnified the Board, its servants and agents including without prejudice to the generality of the foregoing, the school matrons, teachers and/or the Principal of the school from and against all claims, both present and future, arising out of the administration or failure to administer the said medicine or first aid.

IN WITNESS whereof the parties hereto have hereunto set their hands and affixed their seals the day and year first herein WRITTEN.

SIGNED by the 1. _____ 2. _____
 Guardian/s in the
 presence of:

Witness: _____

Witness: _____

Address: _____

Address: _____

SIGNED for and on behalf of
The Board of Management
in the presence of:

Witness: _____

Address: _____
