

## City of London School for Girls - Confidential School Health Record

Please complete the following to enable us to provide appropriate medical care for your daughter whilst she is a pupil at City of London School for Girls.  
The information will provide the basis of her School Medical Record.

Name : .....Date of Birth : .....

Emergency Contact Nos : Home .....

Mother day time telephone number.....

Father day time telephone number.....

GP Name and Address.....

.....

GP telephone number: .....

**\*\*Please indicate with a tick any of the following immunisations received (give dates if possible)**

Diphtheria			Tetanus		
Whooping Cough			Polio		
Men.C			Measles/Mumps/Rubella		
BCG			Any others		

Any serious illness, operations or disabilities? If yes, please outline below.

Any of the following :				
Asthma/Wheezing	Yes		No	
Hearing difficulty	Yes		No	
Problem with eyesight	Yes		No	
Any condition requiring long term treatment?	Yes		No	
If yes, please give further details				

Medication:.....

Allergies : .....

Any serious illness within the family.....

Any other information which you think may be relevant, if necessary please continue on a separate sheet and attach to the form.

I ..... Parent/Guardian of .....

understand, that if I cannot be contacted in case of emergency, authority lies with the Headmistress acting in loco parentis to give consent to such treatment as may be deemed necessary by the Doctor. I understand that the School Nurse will treat minor ailments including the administration of simple non-prescription medications at her discretion. If you do not want any of the following medication given to your daughter please indicate by circling the item. The School Nurse will also monitor the height and weight of your daughter at various intervals during her time at the school.

Paracetamol/Calpol    Ibuprofen    Plasters/medical dressing    Strepsils/cough lozenges  
Antihistamine tablet/cream    Antiseptic cream    Sun Protection cream

Signature : ..... Date : .....