



SEDBERGH

INTERNATIONAL SUMMER SCHOOL

STATEMENT OF PREVIOUS HEALTH FORM 2017

Parents are required to complete the form below “Statement of Previous Health” and email it to iss@sedberghschool.org at the time of booking. This is to ensure that staff involved in your child’s care are aware and fully informed of any specific medical requirements.

Please provide all information of current medication, allergies, incontinence, illness or indisposition, etc. which you feel that we should know. **All information will be treated in the strictest confidence.**

CONTROL OF INFECTIOUS DISEASES

One of the worries in caring for a community is the danger of infection - when established it can spread very rapidly. If a student has been in contact with an infectious case, such as influenza or chicken pox, parents should inform the International Summer School before arrival. The information required is:

- a) the nature of the disease
- b) how close the contact (e.g. same household or casual contact)
- c) whether or not the student has previously had the disease

It is unwise for a student to come to Summer School if they are suffering from an infection. If the student has an elevated temperature, rash, productive cough, vomiting or diarrhoea, they should remain at home until 24 hours after the symptoms have resolved.

MEDICATION

Students will be asked to hand over all medication upon arrival. It is Sedbergh School International Summer School Policy not to allow pupils to self-medicate. We advise parents not to send students to Summer School with their own private supply of medications, other than necessary prescription drugs. Matron dispenses medication which is kept locked in her office.

****Please note you do not need to tell us again any information already provided on the initial registration form ****

STUDENT DETAILS

Family name: _____

First name: _____

1. Childhood Immunisations

To your knowledge, has your child received the following recommended childhood immunisations?

To your knowledge, has your child received the following childhood immunisations?

Diphtheria	Yes	No
Tetanus	Yes	No
Polio	Yes	No
Meningitis	Yes	No
Mumps	Yes	No
Measles	Yes	No
Rubella	Yes	No
BCG (Tuberculosis)	Yes	No

2. Infectious Illness

Please list and date any significant infections that your child has suffered in the past (e.g., measles, Chicken Pox, Hepatitis, Rubella, Whooping Cough, Glandular Fever, Mumps etc):

3. Surgery

Please record any operations or procedures your child has had undertaken, with approximate dates/or age (e.g., appendectomy, tonsillectomy, etc): _____

4. Family History

Please record any significant family history including:

- a) Any history of sudden death in young adults
- b) Any history of heart disease in family members under the age of 60
- c) Any other history which you may feel is relevant and important (e.g., Diabetes, Asthma)

5. Any Other Information

e.g., eye sight, teeth, bed-wetting, hearing etc.: _____

Signature: _____

Print Name: _____

Date: _____