



Important information

ABOUT THIS MEDICAL FORM

The College requires you to complete all sections of this form as fully as possible. The information provided by you will help us to care for your child while he/she is a pupil at the College. All information received on this form will be treated in confidence.

We consider that it is in the legitimate interests of parents and pupils to circulate widely to all staff some conditions (for example, details of pupils' allergies and asthma) that might impact our pupils in any situation while at school, to enable a swifter and more effective response to any medical problems by any staff member who is present.

For more information about how the College may use your and your child's information contained in this form, please see our pupil privacy notice and our parent privacy notice, which are [published on the College's website](#).

MEDICAL HISTORY

In order to give your child the best care, we need to know all about present and past illnesses and conditions, emotional health and operations. It is important, and in your child's best interests, that all areas of this form are answered as fully as possible.

If you prefer, the questions may be answered briefly here with full information being provided by you in person, or by letter or email, to the Health Manager and Housemaster/Housemistress. Any information given by you to Health Manager and Housemaster/Housemistress will be treated in confidence and shared only on a need-to-know basis.

Please provide information on all health problems, whether physical or emotional, now and in the past.

Please provide details of the condition(s) and treatment to date from your child's medical doctor. If coming from outside the UK, these documents detailing conditions and medication must be translated into English to enable our School Medical Doctors to follow and continue with any treatment required.

All medication coming into the College must be labelled in English with pupil's name, the name and strength of medication and dosage instructions, to enable the School Medical Doctor to prescribe the correct medication and the correct dosage for your

son or daughter. It should also include an accompanying doctor's letter in English to ensure continuity of care.

All changes must be notified in writing to healthcentre@lancing.org.uk

Any medication from overseas that is not labelled in English will NOT meet with UK regulations, and therefore will NOT be administered.

IT IS IMPORTANT that throughout a pupil's time at Lancing College the College Medical Officer or Health Centre Manager is fully informed of any investigations or treatment initiated at home particularly when medicine and drugs are bought back to College (please refer to the *School Rules* on this issue).

If we do not have this information when the pupil arrives, this can severely delay the continuity of treatment from home to school.

All boarding pupils will be registered with the School Medical Officers who work from Adur Health Partnership, Shoreham Health Centre, Pond Road, Shoreham by Sea, West Sussex BN43 5US (telephone 01273 466 044).

When boarders register with the school doctor, they will no longer be registered with your family GP. If they require to be seen in any of the holidays, they register as 'a temporary resident' with your GP. The notes will then be forwarded to the school doctor to enable continuity of care.

Please note that a person may be registered with only one GP practice at any one time.

Day pupils and flexi-boarders will remain registered with their own family doctor.

YOUR CONSENT

This form requires your signature (and a second signatory where possible). It gives your consent to act on your behalf in the case of any medical decisions when we are unable to contact you.

Boarders: Please complete the form on the following page to register with the school doctor.

PATIENT DECLARATION FOR ALL BOARDERS REGISTERING WITH THE SCHOOL DOCTOR

Pupils who hold British passports are not required to pay for the Immigration Health Surcharge (IHS) which is obligatory for Child Student visa holders, but it is advisable for them to have private medical insurance. All parents of new pupils will receive information about applying for the school's private medical insurance via email from our Finance Department.

NHS entitlement is not nationality or citizenship based, it is residency based. If you are a British national living abroad, NHS secondary care is not free of charge. The NHS is free to anyone who is classed as an ordinary resident of the UK. Determining someone's residency is quite a complex procedure and the advice we have from our local NHS Trust is that pupils who do not class the UK as their main residence should have private medical insurance.

All boarding pupils (regardless of nationality) will be registered with the school doctor. There is currently no charge for a consultation with the doctor but any hospital treatment or treatment by a specialist doctor will incur a cost. Consequently, we would advise all international pupils to apply for private medical insurance.

PLEASE NOTE If your child is taking any regular prescribed medications, these must be seen by the health centre staff and also be in a box clearly labelled with the student's name. Only students aged 16 and over are permitted to store medications in their room and these must be locked in a safe. Those students aged under 16 will need to store their medication with their Matron for them to dispense. We will also need to check any supplements your child is taking.

Please do not send your child to the College with any over-the-counter medications. They will have access to everything they need whilst at the College.

If your child is taking any controlled medications such as those for ADHD, these must be locked away in the Health Centre at all times and pupils must go to the Health Centre daily for these to be dispensed by a nurse. This is a legal requirement. We must receive the letter from the diagnosing professional before we are able to dispense this medication.

Controlled medications must be given to the Health Centre in a box clearly labelled with the name of the student.

I/we confirm that we have read the statement above. ☐

A parent/guardian should complete this form on behalf of a child under 16.

Signature	<input type="text"/>
Full name	<input type="text"/>
Date	<input type="text"/>
On behalf of (pupil)	<input type="text"/>
Relationship to patient	<input type="text"/>

Please return completed forms to: admissions@lancing.org.uk

Medical history

Details of child

Child's full name

Preferred name

Gender

Date of birth

Age

Height (cm)

Weight (kg)

Town of birth

Country of birth

Type of place

☐

Boarding

☐

Day

☐

Flexi-boarding

House (if known)

NHS number

Home address

Last UK address
(overseas students)

Date you first came (or will come) to live in the UK (overseas students)

Details of two next of kin (all pupils)

Names

Contact numbers

Details of guardian (it is ESSENTIAL for overseas students to have a local UK guardian)

Name

Contact numbers

Home address

Details of child's doctor (all pupils)

Name

Contact numbers

Email address

Address

ILLNESSES OR HEALTH CONDITIONS

Does your child have, or has your child had in the past, any of the following conditions:

Diabetes (Type 1)

☐ Yes ☐ No

Kidney disease/operations

☐ Yes ☐ No

Diabetes (Type 2)

☐ Yes ☐ No

Heart disease/operations

☐ Yes ☐ No

Asthma

☐ Yes ☐ No

Previous heart surgery

☐ Yes ☐ No

Epilepsy

☐ Yes ☐ No

On ADHD medication

☐ Yes ☐ No

If your child has, or has had, any of the above conditions, please provide a doctor's letter, in English, confirming the details. This should include any X-rays, scans, blood tests etc with dates. Please also indicate whether you wish your child to see UK medical specialists, or whether they will be followed up during school holidays and the School Medical Officer is only for support.

Please detail all present medication and any other significant information relating to the above:

Menstrual problems (females)

☐ Yes ☐ No

Does your child have any other significant illnesses or health conditions?

(including allergies; dietary requirements; any known disabilities or injuries; current health conditions/concerns [please include both physical health and any emotional/mental health concerns or conditions]; currently undergoing any medical investigations or anything else we should be aware of):

Please provide contact details (including email address) of any specialists your child has seen in the UK or abroad.

Has your child had any surgical operations?

☐ Yes

☐ No

If you have answered yes, please tell us dates and details of the operation(s) below:

INFECTIOUS CONDITIONS

Has your child had any of the following infectious conditions?

Mumps

☐ Yes

☐ No

Measles

☐ Yes

☐ No

Rubella

☐ Yes

☐ No

Glandular fever

☐ Yes

☐ No

Chicken pox

☐ Yes

☐ No

Rheumatic fever

☐ Yes

☐ No

If you have answered yes to any of the above, please provide details below:

ALLERGIES AND SPECIAL DIETARY REQUIREMENTS

Does your child have any of the following allergies?

Has this been confirmed by allergy testing?

Hay fever

☐ Yes ☐ No

☐ Yes ☐ No

Medicine allergies

☐ Yes ☐ No

☐ Yes ☐ No

If yes, provide details

Animal allergies

☐ Yes ☐ No

☐ Yes ☐ No

If yes, provide details

Food allergies

☐ Yes ☐ No

☐ Yes ☐ No

If yes, provide details

Other allergies

☐ Yes ☐ No

☐ Yes ☐ No

If yes, provide details

Does your child carry an adrenaline auto injector (AAI), eg Emerade or EpiPen?

☐ Yes ☐ No

If yes, have they ever had to use it (date/s)

Does your child take any other medication to treat their allergy?

☐ Yes ☐ No

Does your child have a history of anaphylactic reaction?

☐ Yes ☐ No

If yes, provide details

If your child has special dietary requirements, please provide details below:

(Please note that a child not liking food is NOT an allergy)

IMMUNISATION

Please record the dates of all other immunisations/vaccinations that your child has had, including those given for travel purposes. In the case of tetanus, please state whether the injection was given at the time of an accident, or as one of a course, or a booster.

Your family GP should be able to provide a print-out of all immunisations administered to date.

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	Date		Date
HPV (1)		Meningitis A, B, W, Y	
HPV (2)		Hib	
HPV (3) if applicable		Other meningitis vaccines	
MMR (dose 1)		Rotavirus	
MMS (dose 2)		Pneumococcal jab (PCV)	
Tuberculosis (TB)			
Mantoux test date		Result	
BCG vaccination			

	1st	2nd	3rd	Booster	Booster
Tetanus					
Diphtheria					
Polio					
COVID-19	Manufacturer				
	1st	2nd	Booster	Booster	

Other vaccines (eg travel vaccines)

[illegible]

EYESIGHT AND HEARING

All eye appointments should be made in the holidays as far as possible. Private optician appointments may be made for emergencies, eg breakage of glasses.

Does your child have eyesight difficulties, eg wears glasses/contact lenses, or had any eye surgery?

☐ Yes

☐ No

If yes, provide details and tell us whether glasses or contact lenses are worn.

Is your child colour blind?

☐ Yes

☐ No

Does your child have hearing difficulties, eg wears a hearing aid, or had any ear surgery, eg grommits?

☐ Yes

☐ No

If yes, provide details

OTHER PHYSICAL AND MENTAL HEALTH CONDITIONS

All information will only be shared on a need-to-know basis. Please include as much information as possible here so that we can best care for your child. We undertake that all information will be treated with due sensitivity and confidentiality

Physical problems that may impact on sport or physical activities?

☐ Yes

☐ No

Please provide details here of any condition which may prevent your child from taking a full part in the College's academic and games or sports curriculum, and outdoor activities.

Emotional or psychological concerns presently or in the past?

☐ Yes

☐ No

If yes, please provide details of any treatments and specialists seen, eg counsellor, psychologist, psychiatrist.

Is your child receiving medication (or have they in the past) to support with mental health issues, eg anxiety or other mental health issues?

☐ Yes

☐ No

If yes, provide details

Has there ever been a sudden death of a young person in the family?

☐ Yes☐ No

REGULAR PRESCRIBED MEDICATION

Please give details of ALL medications that your child takes on a regular basis, including adrenaline auto injectors.

All medication coming into school MUST be labelled in English with a signed doctor's letter in English detailing the reason for the medication and duration. All changes must be notified in writing to healthcentre@lancing.org.uk

[illegible]

Parental consent

FIRST AID AND MEDICAL TREATMENT (please tick)

I/We have provided full and complete information about my/our child in this Medical Information Form. ☐

I/We agree to inform the College in the event that my/our child's health or needs change. ☐

I/We also agree to inform the College of any medication or treatment my child is receiving as I/we understand that appropriately qualified College staff may administer medication or need to refer on to Medical, Dental and Optical specialists as required. ☐

I/We give consent for over-the-counter medications to be administered for simple ailments. ☐

DENTAL TREATMENT

The College assumes that all normal dental treatment will be undertaken during the holidays, unless there has been, for special reasons, a specific written request from the parents to the College for treatment during term time.

In the case of emergencies, parents may wish to accept complete responsibility because they live nearby.

Alternatively parents may wish dental surgeons nominated by the College to carry out emergency and orthodontic treatment. This treatment is not available under the NHS and charges will be made to parents.

In an emergency (acute toothache, accident, etc) I/we wish (select one):

- ☐ (a) to accept full responsibility for handling treatment and will collect my child from Lancing College on being informed of the emergency.
- ☐ (b) my child to be treated as soon as possible by private dental surgeons nominated by the College, and give approval if, in rare and exceptional circumstances, a general anaesthetic is necessary.

All charges incurred for dental treatment will be required to be paid by parents/guardians directly to the Dental Practice at the time of treatment.

	First signatory (primary)	Second signatory (optional)
Signature	<input type="text"/>	<input type="text"/>
Title (eg Mr, Mrs, Ms)	<input type="text"/>	<input type="text"/>
Name in full (please include all names)	<input type="text"/>	<input type="text"/>
Relationship to child	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

Please return completed forms to: admissions@lancing.org.uk

Activities Consent Form

FOR WATERSPORTS, ADVENTUROUS ACTIVITIES AND OFF-SITE ACTIVITIES

Please sign and date the form below if you are happy for your child:

- a) To take part in school trips and other activities that take place off school premises.
- b) To take part in water-based activities or adventurous activities which include climbing, sailing, canoeing, windsurfing and swimming (including residential)

The swimming pool on site is always supervised and lifeguarded but please indicate below if your son/daughter is:

- ☐ a competent swimmer
- ☐ a weak swimmer
- ☐ a non-swimmer

Please note the following important information before signing this form:

The trips and activities covered by this consent include:

- All co-curricular activities, games sessions, trips and residential visits
- Adventure activities at any time (CCF, DofE, Scouts)
- Sporting fixtures (on and off site)
- Water-based activities and swimming

You will be contacted separately regarding any activity of a more hazardous nature, or one involving an overnight stay, and asked to complete the relevant consent form.

Name of child	
House	
Signature	
Relationship to child	
Date	

All activities of this nature are carefully risk assessed by the member of staff leading the group and we also ensure that the provider will have all the necessary safety checks in place.

For horse-riding, please note that a separate form should be completed via the Lancing College Equestrian Centre website.

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