



05 December 2017

Dear Parent/Carer

Since September 2017 we have employed a full time Medical and Welfare Officer, Nurse Beth Gilding who has extensive experience at both Great Ormond Street and in a school setting. Nurse Gilding presented assemblies on the week beginning 27<sup>th</sup> November and informed students of the need, and importance, of keeping up to date medical records.

Medical conditions and allergic reactions develop over time, families move home and can sometimes change their GP. Therefore, in order to continue to fully support students we are currently updating all our medical records.

### **Students taking Medicine**

When students are required to take medication we follow the guidelines from the London Borough of Barnet Senior Medical Officer. If a student is required to take medicine three times a day this should be given as follows:

- Before school
- On return home
- At bedtime

If you wish the School Officer to administer medicine please note that this must be kept in the Medical Room and you must provide a signed letter of authority. The only exceptions to this are inhalers and epi-pens.

### **Inhaler**

Students that require the use of an inhaler should carry it on their person at all times. In the interests of ensuring her well-being we would request a spare inhaler is brought into school for use in the eventuality of her inhaler running out. Alternatively, if your daughter requires an inhaler and she does not have one available, the school has access to an emergency inhaler. Please tick if you would like to give your permission to use this in an emergency.

### **Epi-pen**

Does she carry an Epi-pen? If so, she must carry one with her and a spare stored in the Medical Room

Please complete the form overleaf and return to your daughter's form tutor by **Wednesday 13<sup>th</sup> December**. We thank you for your continued support. If you have any queries or if there are any future changes regarding your daughter's medical condition, please advise the school as soon as possible - [medic@qegschool.org.uk](mailto:medic@qegschool.org.uk)

Yours sincerely,

Mr. M. Duffy  
Deputy Head Teacher



Founded in 1888

# Queen Elizabeth's Girls' School

*Educating Women of the Future*

## Student Medical Form

|   |         |            |                    |
|---|---------|------------|--------------------|
| <b>Student Medical Information – Please answer the following questions as fully as possible. Medical evidence i.e. GP or hospital letter will be required for any condition listed.</b>                     |         |            |                    |
| Daughter's name   |         | Form Class |                    |
| Daughter's NHS number   |         |            |                    |
| GP's Name   |         |            |                    |
| GP's Address  |         |            |                    |
| GP's Telephone Number   |         |            |                    |
| Consultant's name   |         |            |                    |
| Hospital name   |         |            |                    |
| Please give the date of your daughter's last Tetanus inoculation  |         |            | Date:              |
| <b>If your daughter has had any infectious diseases within the past year please list</b>  |         |            |                    |
| Dates   | Details |            |                    |
|   |         |            |                    |
|   |         |            |                    |
| <b>Does your daughter have any of the following medical conditions?</b>   |         |            | <b>Please tick</b> |
| Asthma – If so, an inhaler must be carried in her school bag and a spare stored in the Medical Room   |         |            |                    |
| Epilepsy  |         |            |                    |
| Diabetes  |         |            |                    |
| Eczema  |         |            |                    |
| Heart Disease   |         |            |                    |
| Other   |         |            |                    |
| Please give further details if you have ticked any of the above.  |         |            |                    |
| If your daughter requires an inhaler and she does not have one available, the school has access to an emergency inhaler. Please tick if you would like to give your permission to use this in an emergency. |         |            |                    |
| <b>Is your daughter allergic to</b>   |         |            | <b>Please tick</b> |
| Nuts  |         |            |                    |
| Insect Stings   |         |            |                    |
| Penicillin  |         |            |                    |
| Latex   |         |            |                    |
| Other – Please give details   |         |            |                    |
| <b>Medic Alert Bracelet</b>   |         |            | <b>Please tick</b> |
| Does she wear a Medic Alert Bracelet? If so, please give details  |         |            |                    |
| <b>Epi Pen</b>  |         |            | <b>Please tick</b> |
| Does she carry an Epi-pen? If so, she must carry one with her and a spare stored in the Medical Room  |         |            |                    |
| <b>Please give details of any operations, serious injuries, recurring illnesses or any other condition that you think would be important for us to know.</b>  |         |            |                    |
| Dates   | Details |            |                    |
|   |         |            |                    |
|   |         |            |                    |
|   |         |            |                    |
| <b>Please give details of current medication for whatever reason</b>  |         |            |                    |
|   |         |            |                    |