



**EMERGENCY CONTACT  
(if parents cannot be reached)**

**PERMISSION FOR EMERGENCY CARE**

In the event of any pupil requiring emergency care and/or specialist medical treatment, every effort will be made to obtain the immediate permission of parents/guardians or those individuals named below. Where delay in receiving treatment might prove detrimental, the Headmaster reserves the right to give consent for such treatment.

I understand that I will be notified as soon as possible and that the College will not be liable for any costs incurred.

\_\_\_\_\_  
Signature                      Name                      Relationship                      Date

Primary contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Secondary contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Doctor/Healthcare provider: \_\_\_\_\_ Tel: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## INFORMATION UPDATE

### PUPIL HEALTH HISTORY

**(to be completed by parents & relevant medical records to be attached)**

To provide the best care for your child, it is important that we have accurate and up-to-date medical information for your son/daughter. This includes your contact details, your child's physical and emotional health and immunization status. It is the responsibility of parents/guardians to keep the College informed of any changes that occur.

Failure to disclose medical information (including allergies and details of any existing medication) may result in a delay in treating your child should they become unwell.

**Does your child have a history of any health conditions? Yes/No** (please circle as appropriate)

Please complete this section carefully by ticking the appropriate column as it will assist us in giving the best possible care to your child. Information gathered on this form is confidential to the Medical Room and those with key responsibilities for your child.

	YES	NO		YES	NO
Neurological (Seizures, Headaches, Syncope)			Endocrinology/Hormonal (Diabetes, Thyroid)		
Heart Problems e.g.: birth defects, rhythm sounds			Mouth (Teeth, Gums, Braces)		
Breathing or Lungs (Asthma, Tb, Cystic Fibrosis)			Nose (Congestion, Nose bleeds) Allergic rhinitis		
Muscles, Joints, Bones e.g.: previous break or recurrent sprains			Ears (Infections, Grommets, Hearing)		
Stomach, Digestion e.g.: gastritis, constipation			Blood Immune Disorders: (Anaemia, G6PD, Haemophilia)		
Skin Problems (Eczema, Rashes, Scars, Psoriasis)			Gynaecological Menstruation or ovary disorder		
Kidney, Bladder e.g.: urine infection			Psychological/Developmental (Depression, Bipolar, Anxiety)		
Attention and Behaviour disorders			Nutritional Status (Over/Under weight, Eating disorder)		
Vision/Eyes e.g.: Wears glasses, long sight, short sight, lazy eyes			Hospitalizations/Surgeries		

**If you have ticked YES to any of the above, please provide details below:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please attach separate sheet(s) if required.

## PERMISSION TO GIVE MEDICATIONS

**PLEASE NOTE** All medications must be dispensed from the College's Medical Room. No pupil is to carry medication on their person, in their school bag, or keep in their boarding house room without the knowledge and prior permission of the College Healthcare Co-ordinator and their HMM. Such permission will **only** be granted to senior pupils in the Sixth Form who are aged 16 and above and, in the case of boarders, have their own individual study bedroom within the Boarding House.

Pupils bringing medication from home (including vitamins) must ensure this is clearly labelled with their name, the name of the medicine and directions for use. All information must be in English or a translation provided by a doctor. Medication must be taken to the College Healthcare Co-ordinator in the Medical Room upon return to College where it will be safely stored and dispensed as requested. Permission may be granted for some senior pupils to self-medicate (as noted above) provided the medication is taken to the Medical Room where a Risk Assessment must be carried out before permission is given.

The Medical Room uses the following medications. Please indicate your permission for each medication.

Panadol	Yes	No	Panadol Menstrual	Yes	No	Ibuprofen	Yes	NO
Antihistamine	Yes	No	Decongestant	Yes	No	Cough syrup	Yes	NO
Throat Lozenges	Yes	No	Antacid	Yes	No	Diarrhoea medicine	Yes	NO
Eye drops (Alcon)	Yes	No	Creams for bruising/skin complaints/burns				Yes	No

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature    Name    Relationship    Date

### PERSONAL MEDICATION INFORMATION – If your child takes any regular or occasional medications provide full details below

- Overseas pupils bringing medication (including vitamins) obtained from another country must be willing to provide, from the prescriber, written details of the name, nature, dose and quantity of the drug(s) supplied.
- These must be written or translated into English and permission must be sought from the College Medical Room for the pupil to continue taking them whilst under the care of the College/teaching/medical staff.

**ALLERGY INFORMATION- Provide full details below (allergy type, presentation and treatment)**

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If allergic to any substance, is it:                      MILD            /            SEVERE            (Please circle)

All pupils will be given a basic medical assessment shortly after joining and annually thereafter. This will include height, weight, vision and a muscular-skeletal assessment.

Please contact the Medical Room : [medical@epsomcollege.edu.my](mailto:medical@epsomcollege.edu.my) Mobile: +6 016-224 5842 before your child joins the College if you wish to be present when the assessment is carried out.

**IMMUNIZATION STATUS - Provide full details below or attach a photocopy of your child's immunization record**

Name	Dates of vaccination				Course Completed	
					YES	NO
DPT & Polio						
BCG						
MMR						
Hib						
Hepatitis A						
Hepatitis B						
Varicella						
Japanese Encephalitis						
Rabies						
HPV						

Comments

**Key:**  
*DPT: Diphtheria Pertussis Tetanus*  
*MMR: Measles, Mumps, Rubella*  
*Hib: Haemophilus B Influenza/Meningitis*  
*BCG: Tuberculosis type B*  
*HPV: Human Papillomavirus Vaccination*

## **Parental Agreement**

I hereby agree that all the medical information supplied in this form is, to the best of my knowledge, true and accurate and I agree to abide by the medical policies as outlined in this form. I will contact the Medical Room with any updates on my child's health should they occur, including any need for them to bring medication into College. I will not hold the College liable for failing to disclose any medical information both prior to my child's admission into the College or changes to their medical status whilst they are a pupil.

I have read and confirm my understanding to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

## **Important Note**

**It is essential that this form is returned before your son/daughter commences their education at Epsom College in Malaysia.**

**To ensure the safeguarding and welfare of all pupils, we cannot take responsibility for any pupils nor provide any medication should they become unwell without it.**

**The College reserves the right to reject the student after enrolment in the event that medical disclosure was not forthcoming, was incomplete or was found to contain errors or misinformation. In such an event, there will be no refund of fees whatsoever.**