



**BOARDING HOUSE - SOUTH HOUSE**

**SURNAME OF STUDENT:**

*(Children should be registered by the surname on their birth certificate unless their name has been legally changed)*

**FIRST NAMES(S):**

**PREFERRED NAME:**

**DATE OF BIRTH:**

**DENTIST:**

NHS Dentists are no longer accepting new patients in our area; we can only get appointments for private treatment. We can book private appointments in an emergency, there will be a charge for this, and we will need your consent before making the appointment.

I/we give consent for the school to book a private dental appointment in an emergency:

**EMERGENCIES:**

In the event of an emergency, and if we cannot be contacted, we consent for the school to act in loco parentis and for our son to have surgical procedures, or other medical/dental procedures:

**FIRST AID:** I/we give consent for staff to give first aid if required:

**MEDICATION:**

Please tick the relevant boxes to give your consent on the following medication being administered. If you have not given consent to a particular medication, please give a brief explanation why:

- E45 Cream
- Anthisan cream
- Petroleum Jelly
- Glycerin Lemon & Honey
- Antihistamine (cetirizine or piriton)
- Radian B
- Savlon Cream
- Paracetamol
- Ibuprofen

I will be providing my son with Prescribed Medication

If you are providing your son with Prescribed Medication, please give further details below:

**MENTAL HEALTH AWARENESS:**

Reading School Boarding endeavours to support and care for young people holistically and embraces all health issues and believes all children should be supported in school to reach their full potential. This includes both physical and mental health.

The more information we have on your son the more we will be able to support them with the best care possible.

Please could you answer the questions below and contact Boarding Matrons to provide any additional information so we can support your son.

Is your son struggling with mental health now?

Has your son struggled with mental health in the past?

Does your son need additional support with mental health?

What strategies does your son use to remain mentally healthy?

Has or is your son receiving counselling or emotional therapy?

Is your son on medication for mental health issues?

If there is any additional information you would like us to know, please record the details below:

Please complete and return the form to Karen: **kandrews@reading-school.co.uk**

Please do contact Karen by email if you would prefer to have a conversation direct. All communications will be in confidence.