
Secondary School

Stanborough Park, Watford, Hertfordshire WD25 9JT
Tel: +44 (0)1923 673268 Fax: +44 (0)1923 893943
Email: info@stanboroughpark.herts.sch.uk
www.stanboroughpark.herts.sch.uk

**Boarding School**

Tel: +44 (0)1923 665970
Email: boarding@stanboroughpark.herts.sch.uk

Dear Parent / Guardian

As your child is new to Boarding at Stanborough, we are sending you some information about the boarding school.

Enclosed are the Boarding School parent's and student's handbooks. Please read them carefully and refer to them throughout the year for most of the important information you will need to know.

Please note that if your child is an international student he/she will need to have a guardian in the UK. A guardian is someone chosen by you that in the event of an emergency that person can be contacted and he/she is able to accommodate your child if the need arises.

We will need to receive the forms attached on or before your child's arrival, so please complete them and email to us or bring them with you.

If you have any queries please feel free to call us on the office phone or duty mobile.

We look forward to having your child in our Boarding School.

Regards

A handwritten signature in black ink, appearing to read 'Courtney Prince', with a long horizontal line extending to the right.

Courtney Prince
Head of Boarding
Stanborough School
Stanborough Park
Watford
WD25 9JT
+44 1923665970



Emergency Information

Child's Name	
Date of Birth	
Parents Names	
Home Address	
Home Telephone Number(s)	
Email Address(es)	
Emergency Contact in UK (if possible)	
Guardian's name, address and telephone numbers (UK resident)	
Allergies	
Medical History	
Doctor (if UK resident)	
Other information	



STANBOROUGH BOARDING SCHOOL

MEDICAL FORM

Child's Name: _____ Date of Birth: ____/____/____

Name of Parents and/or Guardians: _____

Home Address: _____

_____ Post Code: _____

Telephone Number: (Home) _____ (Work) _____

Telephone Number: (Mobile) _____ Other) _____

Either UK Medical Card No (if known)

Or Date of Entrance to the UK ____/____/____ Nationality _____

Place and Country of Birth _____

Does your child suffer from any of the following?

Asthma: Yes / No Epilepsy: Yes / No Hay Fever: Yes / No

Does he / she have any other medical condition? _____

Is he/she allergic to penicillin? Yes / No

Are there any other known allergies? Yes / No _____

Is he/she receiving medical treatment at present? Yes / No

If Yes, give details: _____

Details of all vaccinations with dates (if known)

Is there any reason why he/she should not be given anaesthetic?

I give permission for any emergency dental or medical treatment that may be necessary to be carried out on my child.

Signed: _____ Date: _____

NB The school cannot take responsibility for medical needs which have not been brought to our attention.



Dear Parents/Guardians,

It is a current policy at Stanborough that parental permission is required for the Boarding School staff to administer First Aid, give out Household Medications and take your child for medical or dental treatment when necessary.

A list of household medications provided by the boarding school is attached to this document. Students are only permitted to bring prescription medications into the boarding school. Please bring all paperwork given to your child when the medication is prescribed. Prescribed medicines will be kept in the secure cabinet and administered per doctors instructions depending on the requirements of your child.

Our current forms on file are now outdated so we please ask you to complete the updated form below and make sure that Boarding School receives it as soon as possible.

List of Household Medications

The following is the list of medications stored in the medication cabinet inside the boarding school:

- Paracetamol 500mg tablets
- Liquid Paracetamol Suspension
- Soluble Paracetamol Tablets (500mg)
- Ibuprofen 200mg tablets
- Liquid Ibuprofen Suspension
- Feminax (Ibuprofen lysine 325mg)
- Cold & Flu Tablets (containing paracetamol)
- Piriton 4mg
- Cough linctus
- Milk of Magnesia liquid
- Antiseptic Cream
- Arnica Cream
- Pawpaw Ointment

By signing the permission form you give permission for the boarding school staff to administer the appropriate medications for your child when they are sick or in pain.

Thank you for your cooperation,

Courtney Prince
Head of Boarding

Child's Name: _____ Date: _____

Tick the appropriate boxes below if you give permission for your child to be administered:

- First Aid
- Household Medicines
- Medical Treatment (by local GP)
- Dental Treatment (by local Dentist)

Please detail any allergies or medicines that you do not want your child to take.

Signed _____ Parent/Guardian Name _____



Dear Parents/Guardians

Please complete the permission slip below if you give your child permission to attend the local Vue cinema as a part of boarding school social activities and/or independent social activities.

Yours Sincerely

Courtney Prince
Preceptor

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Date: _____

I give my permission for _____ (child's name) to attend the local Vue cinema for boarding school social activities and/or independent social activities.

Signed _____ Parent/Guardian Name _____



Dear Parents/Guardians

Please complete the permission slip below if you authorise indirect supervision for your child. Leave the form blank if you DO NOT wish to give authorisation.

Yours Sincerely

Courtney Prince
Preceptor

What is indirect supervision?

Indirect supervision is when a group of students is monitored from a distance. When visiting a shopping centre, for example, we may like to give the students the opportunity to explore by themselves. So the group coordinator/s will set geographical boundaries within a suitable area and a time limit by which all students are to be back at an agreed location. Students will be divided in smaller 'buddy' groups and know to stay together. The group coordinator/s will be either in a fixed position or roaming the agreed area so the students can easily locate him/them if needed. Additionally, students will carry a small briefing card with emergency contact details. If you have any questions about indirect supervision please contact us at boarding@spsch.org.

Date: _____

I give my authorization for indirect supervision for:

_____ (child's name)

Signed _____ Parent/Guardian Name _____

ADDITIONAL INFORMATION ABOUT FIE STUDENT

Name	
Age	
Nationality	
Hobbies	
What are your best subjects in school?	
How would you describe yourself as a student?	
Any special personal requests/needs?	