



Dauntsey's

Medical Entry Form

Boarders

Pupil Information

Surname:	First Names:
Date of Birth:	NHS no:
Religion:	
Country and Place of Birth:	

Home Address: (If both parents do not live at the same address please give both addresses)

1)	2)
Phone (eve):	Phone (eve):
Phone (day):	Phone (day):
Mobile:	Mobile:
E-mail:	E-mail:

Guardian

Name:	
Address:	Phone (home):
	Mobile:
	E-mail:

Pupil's Doctor

Name of child's doctor:
Phone:
Address:

If your child is NOT a British resident

Has your child previously been resident in the UK? YES / NO

Date of arrival:

Date of leaving:

Has your child previously been registered with a UK Doctor? YES / NO

Name and address:

Previous School

Name of School:

Address of School:

Immunisations - Has your child received any of the following vaccinations?

	Date		Date		Date
Diphtheria/ Tetanus/ Polio		BCG		Yellow Fever	
MMR		Hepatitis A		Mengivac	
Men. C		Typhoid		Hepatitis B	
Rabies		Encephalitis - Japanese		Tickborne Encephalitis	
HPV		Men. ACWY		Covid	

Has your child any SIGNIFICANT illnesses/injuries/operation?

Does your child suffer from any of the following? If yes, please give details below.

Asthma	YES / NO	Bone or joint problems	YES / NO
Eczema	YES / NO	Hearing problems	YES / NO
Hay Fever	YES / NO	Migraines	YES / NO
Frequent sore throats	YES / NO	Anxiety problems	YES / NO
Eating Disorders	YES / NO	Self Harm	YES / NO
Covid	YES /NO		

Please give details of any known allergy including food and drug sensitivity:

Any dietary requirements:

Please list all regular medications taken:

Eyesight

Are glasses/contact lenses worn? YES / NO

Date of last test:

Colour Vision test:

Would you like your child to be registered with an optician in Devizes and appointments made through the School?

YES / NO

Dental Care

If you do not wish your child to continue with your family Dentist we can register him/her with a practice in Devizes and arrange his/her appointments.

I would like to have my child registered with a NHS dental practice in Devizes

YES / NO

Has menstruation commenced? YES / NO

Any problems:

Is there any family history which might have a bearing on his/her health? e.g. Diabetes/Cardiac problems?	YES / NO
Do you have private medical insurance?	YES / NO
If YES do you wish your child to be referred privately for treatment/consultants/physiotherapy etc.	
Do you consider he/she is fit to participate in all normal school activities and games?	YES / NO
I agree to my child being registered with the school Doctor	YES / NO
I agree to my child being given over the counter medication in accordance with the school Doctors' instructions on usage.	YES / NO

<p>I agree that I will notify the school if there are any changes in my son/daughter's medical conditions.</p> <p>In the event of an emergency I agree to the school to act in loco-parentis for any emergency procedure deemed necessary by the Consulting Physician.</p>	
Child's Name:	
Parent's Name:	
Signed:	Date:

It is important that this form is completed and returned to:
The Medical Centre, Dauntsey's School, West Lavington, Devizes, Wiltshire,
SN104HE. Tel: 01380 814576 E-mail: medicalcentre@dauntseys.org