



Dauntsey's

Medical Entry Form

Day Pupils

Pupil Information

Surname:	First Names:
Date of Birth:	Nationality:
Religion:	NHS no.:

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:

Pupil's Doctor

Name of family doctor:
Phone:
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			

Has your child any SIGNIFICANT illnesses/injuries/operation?

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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

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

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Any dietary requirements:

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Please list all regular medications taken:

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Family History - any illnesses or conditions that may run in families, including Diabetes, Cardiac problems:

Do you consider he/she is fit to participate in all normal school activities and games	YES / NO
I agree to my child being given over the counter medication in accordance with the School Doctors' instructions on usage.	
I agree that the School Doctor may carry out any immunisations that he deems necessary for the duration of my child's schooling. Parents will be sent a consent form prior to any immunisations being carried out.	
I agree that I will notify the School if there are any changes in my son/daughter's medical conditions.	
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.	
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, SN10 4HE.

Tel: 01380 814576

E-mail: medicalcentre@dauntseys.org