

# Medical Form - Confidential

Please complete this form online or with block capitals and return it (along with your application form and deposit) to: [main-office@wells-cathedral-school.com](mailto:main-office@wells-cathedral-school.com) or Wells Cathedral School, Wells, Somerset BA5 2ST, England. If you have any queries, call us on 01749 834 200, and we'll be happy to help.

What course are you applying for? (Please include the date)

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## Student Information

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

First language \_\_\_\_\_ Nationality \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Name and address of family doctor \_\_\_\_\_

Does your child have private medical insurance cover? Yes  No

If yes, please give the name, address & policy number \_\_\_\_\_

## Medical History

Does your child suffer from (tick as appropriate)

Asthma       Eczema       Epilepsy       Diabetes

If yes, please give brief details \_\_\_\_\_

Does your child have any allergies to food, medication, stings? If yes, please give details \_\_\_\_\_

Is your child on any medication? If yes, please give details \_\_\_\_\_

Is your child on any special diet? If yes, please give details \_\_\_\_\_

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Has your child travelled abroad recently (other than the UK)? If yes, please give details

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Does your child wear glasses/contact lenses, and when was he/she last tested?

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Has your child ever been treated in hospital? If yes, please give details

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Has he/she had any operations or severe illnesses not mentioned above? If yes, please give details

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## Childhood diseases

Please tick and date if your child has had these illnesses

<input type="checkbox"/>	Chicken Pox	Date	_____
<input type="checkbox"/>	Mumps	Date	_____
<input type="checkbox"/>	Diphtheria	Date	_____
<input type="checkbox"/>	Measles	Date	_____
<input type="checkbox"/>	Rheumatism	Date	_____
<input type="checkbox"/>	Rubella	Date	_____
<input type="checkbox"/>	Scarlet Fever	Date	_____
<input type="checkbox"/>	Whooping Cough	Date	_____

## Special Needs/Disabilities

Please provide details of any special needs or disabilities your child may have.

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## Epi-Pens

If your son/daughter carries an epi-pen, please provide him/her with two spare epi-pens in addition to the one your child carries. An epi-pen will be given to the member of staff supervising your child to be used in case of emergency.