

Kings Medical Questionnaire

Student Details:

First name:	
Surname:	
Nickname	
Date of Birth:	
Religion:	

Please complete this form fully and add any further details which you feel that we may need to know. In order for us to provide the best possible care for your child

Please note that the information you provide will be treated with discretion and that information will be shared only with appropriate persons.

Parent: Emergency Contact Details

Please include the country code with the telephone numbers.

Mother	
Name:	
Phone number (day):	
Phone number (evening):	
Mobile Phone:	
Email:	

Father	
Name:	
Phone number (day):	
Phone number (evening):	
Mobile Phone:	
Email:	

Guardian	
Name:	Address and Company:
Phone number (day):	
Phone number (evening):	
Mobile Phone:	
Email:	

Your child's health and wellbeing

Please answer 'Yes' or 'No' to the following questions. Where appropriate, please give details.

1. Does your child have any allergies (food, pollens, hay fever, animals, etc)?		Yes/No:	
<i>If 'yes' please give details:</i>		<i>Please give details of medication name/ dosage/frequency:</i>	
2. Are there any special dietary requirements?		Yes/No:	
<i>If 'yes' please give details:</i>			
3. Does your child suffer from asthma or diabetes?		Yes/No:	
<i>If 'yes' please give details:</i>		<i>Please give details of medication name/ dosage/frequency:</i>	

4. Does your child have a history of epilepsy, fits or blackouts?		Yes/No:					
<i>If 'yes' please give details:</i>		<i>Please give details of medication name/ dosage/frequency:</i>					
5. Has your child had recent dental problems?		Yes/No:					
<i>If 'yes' please give details:</i>							
6. Does your child have any problems with eyesight/ wear glasses/contact lenses?		Yes/No:					
<i>If 'yes' please give details:</i>							
7. Does your child have mobility or hearing difficulties?		Yes/No:					
<i>If 'yes' please give details:</i>							
8. Has your child experienced any mental health or addiction problems or eating disorders?		Yes/No:					
<i>If 'yes' please give details:</i>		<i>Please give details of medication name/ dosage/frequency:</i>					
9. Is your child taking any other prescribed or other regular medication?		Yes/No:					
<i>If 'yes' please give details of any current medication, dosage and frequency:</i>							
<i>Please note any medications brought from your child's home country must be labelled and contain instructions written in English. Medicines NOT labelled in English may need to be destroyed.</i>							
10. Has your child had any of the following diseases? Please check with your doctor if you are unsure. (tick as appropriate)		✓		✓			
	Chicken Pox			Mumps			
	Measles			Whooping Cough			
	German Measles			Tuberculosis			
<i>If 'yes' please give details:</i>							
12. Has your child been vaccinated against any of the following conditions?		✓	Year		✓	Year	
	Measles				Mumps		
	Rubella				Tetanus		
	Tuberculosis						
11. Is your child currently attending a hospital or clinic?		Yes/No:					
<i>If 'yes' please give details:</i>							
13. Are there any other medical conditions (past or present) that Kings should know about?		Yes/No:					
<i>If 'yes' please give details:</i>							

Signature of parent or guardian:			
Parent/s:		Date:	

