PearTree

Admission information and consents

Child's/Young Person's Name:	**Blood Group:**
Last Address:	
Mother Address:	**Father Address:**
Place of Birth (Name of Hospital):	**Name of last school attended:**

Has the child/young person ever suffered from, or is currently being treated by medical staff for:

	Currently	**Previously**		**Currently**	**Previously**
Heart Problems	☐	☐	**Enuresis**	☐	☐
Asthma	☐	☐	**Eating disorder**	☐	☐
Eczema	☐	☐	**Eye problem**	☐	☐
Hay fever	☐	☐	**Smoking**	☐	☐
Drug Misuse	☐	☐	**Alcohol Misuse**	☐	☐

Has the child/young person ever suffered from any of the following:

	Yes	**No**		**Yes**	**No**
Rubella	☐	☐	**Mumps**	☐	☐
Scarlet fever	☐	☐	**Tonsillitis**	☐	☐
Chicken pox	☐	☐	**Meningitis**	☐	☐
Measles	☐	☐	**Allergy**	☐	☐

Is the child/young person on repeat medication? ☐ **Yes** ☐ **No**

If yes, please give details:

Has the child/young person ever had any accidents or broken bones? ☐ **Yes** ☐ **No**

If yes, please give details:

Has the child/young person been admitted to hospital for any accidents or operations?

☐ **Yes** ☐ **No**

If yes, please give details:

Has the child/young person attended the doctor in the last three months? ☐ **Yes** ☐ **No**

If yes, please give details:

Does the child/young person have any ongoing dental treatment? ☐ **Yes** ☐ **No**

If yes, please give details:

Vaccinations			
	Date		**Date**
Diphtheria		**Meningitis**	
Tetanus		**MMR1**	
Polio		**MMR2**	
Whooping Cough		**BCG**	
Comments:			

Any Dietary Requirements: