

**WIGHTWICK HALL SCHOOL**

**Tinacre Hill Compton Wolverhampton WV6 8DA**

**Admission Interview Date: ……………………………………………………………**

NAME: ……………………………………………………………………………………

D.O.B: ……………………………………………………………………………………..

HOME ADDRESS: ……………………………………………………………………….

………………………………………………………………………………………………

………………………………………………………………………………………………

Tel Nos: Home………………… Work…………………Emergency………………….

Reason for referral:

Does he/she suffer from any Allergies, Eczema, Asthma

Has your son/daughter had any of the following?

Whooping Cough Scarlet Fever Measles Fits

German measles Head Injuries Mumps Chicken Pox

Any other notable disease or illness -

Has there been any serious accident? – Please give details

Does he/she require any medication continuously? – Please give details of dosage

Is his/her hearing normal? - If ‘no’ please give details

Is his/her eyesight normal? – If ‘no’ please give details

Does he/she wet the bed?

Does he/she soil himself/herself?

Has he/she been immunised against:

Diptheria Tetanus Whooping Cough Measles Polio T.B.

Have any close relatives suffered from:

T.B. Diabetes Fits

Do you wish your son/daughter to visit your own Dentist? Yes No

Social Worker/E.W.O. involved with the family

Name: ……………………………………………………………………………………..

Address: …………………………………………………………………………………..

………………………………………………………………………………………………

………………………………………………………………………………………………

Tel No: …………………………………………………………………………………….

Name & Address of Family Doctor……………………………………………………..

……………………………………………………………………………………………..

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Additional Medical Information

Consent of Parent/Guardian

\* I hereby give consent for……………………………………………………to be given any vaccination, anaesthetic, dental treatment, medicine, blood test or any other emergency medical treatment as may be deemed necessary by the school’s Medical Officer from

time to time.

Signature …………………………………………………………………………………

Date ………………………………………………………………………………………

\*Please note here any specific exclusions.