

MEDICAL FORM

(to be completed and handed in 4 weeks before the trip)

1. **Child's name** _____

2. **School journey to Hindleap Warren**

From: 9:00am May 23rd 2017

To: 3:30pm May 25th 2017

3. **Medical information**

i. Name and address of family doctor (GP):

ii. Child's date of birth: _____

iii. Is your child at present under medical supervision or any form of medical treatment?
☐ Yes ☐ No

If yes, please give details:

Condition: _____

Treatment: _____

Name of hospital attended (if applicable): _____

If your child is taking any medicines, a supply sufficient to last the visit/journey must be given to the party leader on or before the departure date, together with written details of the dosage copy of the doctors prescription form and times of administration. This applies also to medicines which may be needed only occasionally. If appropriate, in accordance with medical advice, your child could manage his/her own medication

iv. Has your child, in the past, suffered from:

Asthma:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hay fever:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Epilepsy:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Other allergies? (eg. allergies to antibiotics/plasters/food etc) Please provide details:

Does your child need an inhaler for this trip? ☐ Yes ☐ No

Any serious illness?: _____

v. Have any restrictions been placed on your child's activities on medical advice?:

a) swimming:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) climbing or using equipment at heights:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) strenuous activities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) other:	_____	

vi. Is there anything your child should not eat?: _____

vii. Does your child wet the bed? ☐ Yes ☐ No ☐ Occasionally
(This would not necessarily prevent your child from travelling but it is important that the party leader should know.)

viii. Does your child suffer from travel sickness? ☐ Yes ☐ No ☐ Occasionally

Will you be providing travel sickness medication for this trip? ☐ Yes ☐ No

ix. Has your child been vaccinated against poliomyelitis: ☐ Yes ☐ No

Please give date: _____

x. Has your child been protected against tetanus? ☐ Yes ☐ No

Please give date: _____

xi. **NB: Parents should notify the party leader in writing if there is any change in the medical information given above before the journey commences. Parents should obtain advice from the family doctor or school medical officer, and also notify the party leader, if the child comes into contact with an infectious disease during the three weeks before the journey.**

4. Declarations

i. I consent to:(child's name) _____ being examined, if necessary, by the school medical officer, prior to the journey.

ii. I consent to:(child's name) _____ receiving any emergency medical, surgical or dental treatment, including anaesthetic, as considered necessary by the medical authorities present.

iii. These medicines will be available if required. May they be used on your child?

Calpol ☐ Yes ☐ No

Signed:(Parent/Guardian) _____ Date: _____

Address: _____

Tel no: Home: _____ Work: _____

Mobile tel nos: _____

Telephone numbers for emergency contact for period of the visit/journey if these are different from the home number:

Any other comments: