

CONFIDENTIAL

ALL RESIDENTIAL PARTIES

ALL TRIPS ABROAD

STUDENTS UNDER 18

(at the start of the academic year)

MEDICAL INFORMATION

Visit to: **Year 5 Osmington Bay 2020**

Part A and B to be completed and returned to school as soon as possible.

PART A – CONFIDENTIAL MEDICAL QUESTIONNAIRE

PUPIL .....REGISTRATION GROUP .....

PARENT/CARER .....

HOME ADDRESS .....

.....

CONTACT TELEPHONE NUMBER (in case of emergencies) HOME .....

WORK .....

MOBILE .....

FAMILY DOCTOR. NAME .....

ADDRESS .....

TELEPHONE .....

1. Has your child had any of the following?

Asthma or bronchitis	YES	NO
Sight or hearing impairments	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to known drugs/medicines	YES	NO
Other allergies (food, dust, pollen, material)	YES	NO
Other illness or disabilities	YES	NO
Recent bed wetting	YES	NO
Sleep walking	YES	NO
Travel sickness	YES	NO
Anaphylaxis	YES	NO

2. If the answer is YES to any of the above please give details, including dietary requirements.

- 3. Has your child received vaccination against Tetanus in the last ten years?  
YES NO
  
- 4. Is your child receiving medical or surgical treatment of any kind from either your family doctor or hospital during the last 3 months?  
YES NO
  
- 5. Has your child been given specific medical advice to follow in emergencies?  
YES NO

If the answer to either of questions 4 and 5 is YES please give details here (including dosage of any medicines/tablets)

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**PART B – CERTIFICATION**

I consent to my child receiving any necessary medical treatment (including paracetamol or similar pain killer) for an injury or illness during the above visit.

Signed ..... (Parent/Carer)

Date .....

**NOTE**

If you would like to discuss any medical matter privately please contact the trip leader