

School Trip Medical Information Form

SCHOOL TRIP TO:ON:

PUPIL NAME:..... **Tutor group** **Date of birth**/...../.....

1. Does your daughter/son suffer from any condition requiring medical treatment/medication or suffer from any physical or emotional conditions that could affect a student's ability to participate fully in the trip?

YES	NO
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If YES, please give details;

2. Has your daughter/son had any medical treatment requiring time in hospital in the last six months?

YES	NO
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If YES, please give details;

3. Does your daughter/son suffer from any allergies? (e.g. penicillin, insect stings/bites eggs, nuts)

YES	NO
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If YES, please give details;

4. To the best of your knowledge, has your daughter/son been in contact with any contagious or infectious disease or suffered from anything in the last four weeks that may later become contagious or infectious?

YES	NO
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If YES, please specify.

5. Has your daughter/son your received a tetanus injection in the last five years?

YES	NO
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6. Does your daughter/son have any special dietary needs?

YES	NO
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If YES please specify

I undertake to inform the visit organiser as soon as possible of any change in these medical circumstances between the date signed and the commencement of the journey.

Emergency contact numbers:

Name (relationship)	Home Telephone	Mobile Telephone

Name, address and telephone number of family doctor:

DECLARATION

I agree / do not agree to my son/ daughter receiving medical treatment including anaesthetic as considered necessary by the medical authorities present. I understand and accept the extent and limitations of the insurance cover provided.

Signature (Parent / Guardian)

Date

Please return the completed form to the school office.

No student will be permitted to participate in any trip without a completed medical form.