

CONFIDENTIAL MEDICAL INFORMATION AND CONSENT FORM

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| Name of Child: | Date of Birth: | |
| Name and address of parents/guardians: | | |
| | | |
| Home phone no: | Mobile phone no(s): | |
| Other Emergency contact: | | |
| Doctor's Name, address and tel. no: | | |
| | | |
| Does your child suffer from any pre-existing medical condition | YES/NO | |
| My child suffers from: | | |
| | | |
| | | |
| .. | | |
| which may affect his/her taking part in some activities on the visit. | | |
| My child's condition requires the following treatment: | | |
| | | |
| | | |
| .. | | |
| | | |
| .. | | |
| Has your child been immunised against tetanus? (usually pre-school booster) | YES/NO | |
| If they have been immunised for tetanus since pre-school booster (usually for a serious cut) please give date: | | |
| National Health Service No: | | |
| | | |
| NB: this is essential. If you do not know it, please ask your GP. | | |
| Is your child vegetarian? | YES/NO | |
| Does your child have any special dietary needs? (on religious or medical grounds) | YES: | NO |
| Are there any details about your child of which you think we should be aware (eg | YES: | NO |

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| periods, bed-wetting, sleep problems etc?) Please give details | | |
| Does your child suffer with travel sickness? Any history of travel sickness would be useful to know as there will be a long coach journey there and back. | YES: | NO |
| Last Minute Information: (PLEASE LEAVE BLANK AS THIS WILL BE FILLED IN BY SCHOOL A FEW DAYS BEFORE DEPARTURE); | | |
| Any other information which you feel the school ought to know: | | |
| <p>I undertake to inform the school if my child or any member of the family suffers from any infectious disease within 21 days prior to journey.</p> <p>I consent to any emergency medical treatment, including the use of anaesthetics, which may be necessary during the course of the visit.</p> <p>SignedParent/Guardian</p> <p>Date:</p> | | |