TRIP 2015
MEDICAL QUESTIONNAIRE AND CONSENT FORM

Please complete all sections

STUDENT'S DETAILS

Name		D.O.B		Age		Male/Female
Address						
Name and Address of Doctor						
Doctor's Tel		NHS Number				

EMERGENCY CONTACT DETAILS

Name of Parent/Guardian					
Daytime Tel		Evening Tel		Mobile	
Name of other contact & relation to pupil					
Daytime Tel		Evening Tel		Mobile	

MEDICAL INFORMATION (has your child had any of the following?)

Asthma or bronchitis	Yes/No	Allergies to any known medication	Yes/No
Heart Condition	Yes/No	Any other allergies e.g. material, food, plasters	Yes/No
Fits, Fainting or blackouts	Yes/No	Other illness or disability	Yes/No
Severe headaches	Yes/No	Diabetes	Yes/No

If the answer to either of the last two questions is Yes, please give details below:

If there is any other relevant information relating to your child's health or medical treatment, please specify this.

The trip organiser can only accept medicines prescribed by a doctor, in their original container, (with a completed medical form). The trip organiser will have a supply of paracetamol should the need arise, and parents have already given permission or otherwise for this to be administered. We would appreciate it if we could ask you to hand any medicines to the first aider on the morning of departure. Students participating in the trip should not carry their own medicines while on the trip, with the exception of asthma inhalers and epipens (please collect a 'Request for child to carry his/her own medicine' form from the Medical Room). (For further guidance please see our Managing Medicines Policy).

We are only able to administer medication for hayfever if it is prescribed by a G.P. and if the relevant College form is completed. Please let us know about this if you have not already done so.

If your child requires travel sickness tablets you will need to provide them yourselves and complete the form over.

Swimming	My son/daughter can swim 50m	Yes/No
Dietary Requirements	Vegetarian/Vegan/Allergies – please give details	

continued/

I wish the named participant to be allowed to take part in the named trip and consent to him/her taking part in all activities. I have ensured that my son/daughter is willing to participate in all aspects of the trip, and that my child understands that it is for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed. In the event of an emergency and the school being unable to contact me, I give permission for any medical treatment deemed necessary to ensure the well-being of the above named to take place. In the event of illness or medical treatment occurring after the return of this form and prior to the trip, I undertake to inform the group leader.

By signing this form I accept and agree with the statements above. I agree to the method of transport as detailed in the letter. If a situation occurs on the day of, or throughout the trip, I agree to contact the emergency telephone number (as given in the letter) .I agree to contact the trip organiser in the first instance if I have any issues arising from the trip once it is over.

I give/ do not give permission for photographs of my son/daughter to be taken during the above trip. I consent to a CD of these photographs being made available to pupils involved in the trip on our return, for their own personal use.

I also consent to these photographs being used in school for the promotion of next year's trip and for display purposes.

I am not aware of any pre existing medical condition that may affect my child's participation on the trip. My child has not been an in-patient or had emergency medical care in the 12 month period proceeding the time of booking this trip that may affect their participation.

If my child does have an existing medical condition that is not stable or under control or has in-patient or emergency medical care prior to the trip, I understand that I must contact the trip organiser and that I must provide a doctor's note that states that my child is fit to participate on the trip.

I agree to provide a doctor's note if my child is unable to partake in the trip (post booking) due to a medical condition or emergency care that has arisen after booking my child's place on the trip.

I am aware that if I need to claim on insurance I must provide a doctor's note for my child.

Parent/Guardian signature _____ Date _____

Please print name _____

I / We will be providing travel sickness medication for this trip and give permission for this to be administered to the student named below.

Signed : _____ Student: _____

Parent: _____
(Please print)