

Health Declaration Form

CONFIDENTIAL MEDICAL QUESTIONNAIRE



Full Name:..... Date of Birth:...../...../.....

Home Address:.....

Parent /guardian.....

Home telephone.....Mobile.....

Name of your Doctor:..... Doctor's Tel. number.....

Is the named young person currently suffering with any of the following conditions?

Asthma or bronchitis	YES/ NO*	Epilepsy	YES/ NO*
Heart condition	YES/ NO*	Allergies to any known medication	YES/ NO*
Fits, fainting or blackouts	YES/ NO*	Any other allergies, e.g. animals, food	YES/ NO*
Severe headaches	YES/ NO*	Other illness or disability	YES/ NO*
Diabetes	YES/ NO*	Travel sickness	YES/ NO*

(*Please delete as necessary)

If the answer to any of these is YES, please give details:

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Is He/she suffering from any illness or injury at the present time? YES/ NO*

Is he/she taking any medication at the present time? YES/ NO*

Is he/she receiving medical or surgical treatment of any kind from either your doctor or hospital? YES/ NO*

Have you been given specific medical advice to follow in emergencies? YES/ NO*

If the answer to any of these questions is YES, please provide precise details (*including quantities of medication*)

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Has the named young person received a Tetanus vaccination in the last 10 years?
YES/NO*

I have passed on all the necessary information to the Head of Centre concerning any special precautions that may need to be taken into account for the location and/or the activities whilst attending DVPDC.

I understand that I am required to inform D VPDV of any changes in health/medical circumstances of the named young person

Sign.....date.....

Parental Confirmation

I hereby declare that the above information is correct.

I agree that if I cannot be contacted in the case of an emergency, the member of staff in charge or First Aider may sign for any emergency treatment that maybe required.

Signed.....(Parent/Guardian) Date.....

Relationship to Student.....

All information checked by Head of Centre

Signed..... Date.....