

Pupil Medical and Other Information for Off-site Activities

Student's **Full Name**: **Form**:

Date of birth:

Parent's Name:

Home Address:

Telephone: Pupil's Mobile Number:

Has your daughter any of the following? **Tick box as appropriate.**

Asthma	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>
Absence seizures/Epilepsy	<input type="checkbox"/>
Headaches	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Allergies to any known drug or medication	<input type="checkbox"/>
Any other allergies e.g. material, food (e.g. nuts), insect bites etc.	<input type="checkbox"/>
Any other illness or disability	<input type="checkbox"/>
Any recent contact with contagious diseases and infections	<input type="checkbox"/>
Period Pains	<input type="checkbox"/>
Travel sickness	<input type="checkbox"/>
Panic attacks/anxiety	<input type="checkbox"/>
Any injury/condition that hinders walking	<input type="checkbox"/>
Any other condition (continue in space provided below)	<input type="checkbox"/>
Has your daughter been vaccinated against Tetanus in the last ten years?	<input type="checkbox"/>
Is your daughter receiving medical treatment of any kind from either your Family Doctor or Hospital?	<input type="checkbox"/>
Has your daughter been given specific medical advice to follow in emergencies?	<input type="checkbox"/>
Do you give permission for your daughter to be given paracetamol?	<input type="checkbox"/>
Do you give permission for your daughter to be given Piriton/antihistamine tablets during the trip and confirm that she has no adverse reaction to either medicine?	<input type="checkbox"/>
Do you give permission for your daughter to be given Kwells travel sickness tablets during the trip and confirm you have administered this brand of medication in the past without adverse effect?	<input type="checkbox"/>
Do you give permission for your daughter to be given a plaster if she has a minor cut graze during the trip?	<input type="checkbox"/>
Do you give permission for your daughter to be photographed during the visit? (Photos could be used in the classroom, presentations at school events, on the Davison website, in the local press.)	<input type="checkbox"/>

Please use the space below to give details of any illnesses or medication mentioned above. Continue overleaf if necessary.

Please check that you have not left out any information that staff caring for your daughter should know, no matter how trivial it may seem. Please inform the Party Leader of any changes that occur prior to the trip.

I / We will inform the Party Leader in writing of any medication that my / our daughter has taken the morning of the trip, including steroid inhalers and the approximate time given (except for asthma inhalers and regular medicines that have been mentioned above.)

SIGNED: **DATE:**

Parent/Carer