



MEDICAL QUESTIONNAIRE

PUPIL'S NAME & CLASS.....DATE OF BIRTH.....

PARENT'S FULL NAME.....

HOME ADDRESS.....

.....
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HOME TEL NO.....WORK TEL NO.....

MOBILE NO'S.....

NAME & ADDRESS OF FAMILY DOCTOR.....

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SURGERY TEL NO.....

Please confirm below whether you give your consent to the following questions *(please delete as appropriate).*

I consent to my child receiving any necessary emergency medical treatment during the visit. YES NO

I consent to my child being given a mild painkiller (paracetamol) if necessary YES NO

I consent to my child being given waspeze if required YES NO

I consent to my child being given sun screen to apply YES NO

Has your child had any of the following *(please delete as appropriate).*

Asthma or Bronchitis YES NO

Heart condition YES NO

Fits, fainting or blackouts YES NO

Severe headaches YES NO

Diabetes YES NO

Allergies to any known drugs or medication YES NO

Any other allergies e.g. material, food, insect bites etc. YES NO

Other illness or disability YES NO

Any recent contact with contagious diseases or infections	YES	NO
Is your child receiving medical treatment of any kind from either your family doctor or in hospital?	YES	NO
Has your child been given specific medical advice to follow in emergencies?	YES	NO

If you have answered YES to any of these questions, please give details in the box below.

Immunisation status *(please delete as appropriate)*

Has your child been vaccinated against Tetanus in the last 5 years?	YES	NO
Date if yes.....		

Swimming Ability

Please complete the distance that your child is able to swim (in metres) and give an indication of their water confidence.

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Dietary requirements

If your child has any special dietary requirements please indicate below:

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I certify that so far as I am aware, my child is medically fit to undertake this journey and associated activities and there are no known health reasons why they should not do so.

I understand that those supervising my child are in loco parentis and must exercise a standard of care that would be expected of a reasonably prudent parent. The County Council will not be responsible for personal injury or any other damage or loss, unless it is negligence.

I confirm that to the best of my knowledge all of the details given are correct and if there are any changes in medical treatment/conditions, I shall ensure that the party leader has been advised.

Signature of ParentDate.....