

MERIDEN CE PRIMARY SCHOOL
Medical and Consent Form



A. GENERAL INFORMATION – PLEASE COMPLETE IN CAPITAL LETTERS.

TRIP : RED RIDGE OUTDOOR CENTRE

INCLUSIVE DATES: 2nd - 6th October 2017

NAME OF CHILD : _____

DATE OF BIRTH : _____

ADDRESS OF CHILD

EMERGENCY CONTACTS:-

NAME

TEL NO.

<u>NAME</u>	<u>TEL NO.</u>
_____	_____
_____	_____
_____	_____

NAME , ADDRESS AND TELEPHONE NUMBER OF CHILD'S DOCTOR:

B. MEDICAL INFORMATION.

1. Is your child suffering from any particular illness or health problems?
If YES please give details.
YES/NO

2. Is your child taking any medication, including for asthma? If YES, it must be handed to the party leader before departure with written instructions for use.
YES/NO

3. Is your child suffering from any allergy, including food, or is she/he allergic to antibiotics or anything else? If YES, please give details below
4. Does your child suffer from any other illness or condition, for example, epilepsy or diabetes? If YES, you must provide written details of diet and treatment to enable school staff to manage your child's condition during the week.
YES/NO
5. Does your child suffer from travel sickness?
YES/NO
6. What was the date of the last known tetanus injection? _____
7. If your child requires a special diet, please give details below :-

8. In case of headaches, sore throat or period pains, do you give your consent for them to have paracetamol or a throat lozenge?
YES/NO (Please give details)

DECLARATIONS BY PARENT OR GUARDIAN

I consent to my child receiving any necessary emergency medical or dental treatment during his/her visit.

With regard to residential trips, I have read through the Pupils Code of Conduct with my child and I understand that, should he/she fail to behave to the satisfaction of the trip's leader, I shall make personal arrangements for his/her early return home.

Parent/Guardian's Signature _____

Parent/Guardian's Name in Capitals _____

Date _____