

Dore Primary School



RESIDENTIAL VISIT TO: Stratford Children's Medical and Contact Details

From: Wednesday 13th June To: Friday 15th June 2018

Child's name:

Date of birth:

Medical information:

(a) Does your son/daughter suffer from any conditions requiring medical treatment, eg diabetes, asthma, eczema, epilepsy, etc?
YES/NO If YES please give brief details:

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(b) Is he/she taking any tablets, capsules, medicine or inhalations?
YES/NO If YES, please explain details, dosage, times, etc:

.....

ANY MEDICATION NEEDED BY YOUR CHILD MUST BE HANDED TO THE CLASS TEACHER ON THE MORNING OF DEPARTURE IN A STRONG, CLEAR PLASTIC BAG. MEDICATION MUST BE CLEARLY MARKED WITH THE CHILD'S NAME AND ACCOMPANIED BY CLEAR INSTRUCTIONS REGARDING ADMINISTRATION

(c) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious?
YES/NO If YES, please give brief details:

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(c) Is your son/daughter allergic to any medication, food or animal?
YES/NO If YES, please specify:

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(d) Are there any other difficulties which we should be aware of eg bed wetting, sleepwalking, etc?
YES/NO If YES, please specify:

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(f) Date of last tetanus injection:

(g) Please outline any special dietary requirements of your child, eg vegetarian:

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(Please continue overleaf)

I undertake to inform the Headteacher in writing as soon as possible of any change in the medical circumstances between the date signed and the commencement of the journey. Please note down any information about your child which may be of help to those co-ordinating the trip eg first time away from home:

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Declaration:

I do not object to staff administering basic first aid to my son/daughter, including use of soluble paracetamol/Calpol, antiseptic cream/wipes and insect bite or sting treatment.

Signed:

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed:

Contact numbers:

Work: Approximate times:

Home: Approximate times:

Mobile: Approximate times:

My home address is:

IT IS IMPORTANT THAT YOU CAN BE CONTACTED ON ONE OF THE ABOVE NUMBERS IN THE CASE OF AN EMERGENCY.

If not available at above, please contact:

Name: Telephone No:

Address:

Name, address and phone number of your family doctor:

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Signed: Date: