

# Medical Information and Parental Consent Form

Year 5 School Journey to 'Land and Wave' Dorset  
From: 29.04.2019 To: 03.05.2019

**PLEASE PRINT ALL INFORMATION CLEARLY AND ACCURATELY USING BLACK INK**

Child's official full name: \_\_\_\_\_ Class: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

## **Emergency contact details** (including parent/s)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Work/Mobile number: \_\_\_\_\_

Does this person have official parental responsibility for the child? Yes / No

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Work/Mobile number: \_\_\_\_\_

Does this person have official parental responsibility for the child? Yes / No

**Name of family doctor:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

**National Health Number (if known):** \_\_\_\_\_

## **Medical information about your child**

Any medical information we should know about your child (including allergies)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Government legislation stipulates that schools can only administer prescribed medication. Please give details of any prescribed medication you will provide your child with that they will/might require whilst on the visit.**

PLEASE NOTE THAT IF THE SCHOOL NEEDS TO ADMINISTER PRESCRIBED MEDICATION TO YOUR CHILD, WE MUST HAVE A COPY OF THE PRESCRIPTION TO CONFIRM THE NAME OF THE MEDICATION, DOSAGE, AND THE RECIPIENT.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Should your child become ill while on the trip, what medication are we permitted to give your child for pain/temperature relief (please circle those medicines that apply and cross out those which you do not want your child to receive)**

Ibuprofen Paracetamol Piriton Antiseptic Cream

Other: (please specify, i.e. travel sickness medication, must be provided by parent/carer) \_\_\_\_\_

Is your child allergic to any medication (including plasters)? \_\_\_\_\_

**P.T.O.**

When did your child last have a tetanus injection? \_\_\_\_\_

To the best of your knowledge, has your child suffered from, or been in contact with, any contagious or infectious diseases in the last four weeks?

Yes/No

**Dietary information about your child**

Is your child allergic to any foods? Yes / No

If yes, please specify foods and typical reaction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any special dietary requirements? Yes / No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other information about your child**

Does your child have any other conditions we need to be aware of? Yes / No  
*(including bedwetting, sleepwalking, phobias, etc)*

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BEFORE SIGNING BELOW PLEASE CHECK THAT YOU HAVE FILLED IN ALL INFORMATION**

**FULLY, ACCURATELY AND CLEARLY**

**Declaration**

I will inform Miss Arkwright (Year 5 leader) as soon as possible, of any changes in my child's medical condition or contact details, between now and the commencement of the school journey. If my child experiences any illness that could be contagious in the **two weeks prior to departure (from 15<sup>th</sup> April)**, I understand that I must inform the school.

I agree to my child receiving medication as instructed above. I also agree to my child receiving emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: \_\_\_\_\_ *Parent/Carer*      Date: \_\_\_\_\_

Full name *(in capitals)*: \_\_\_\_\_