



PERSONAL AND MEDICAL DETAILS - Year 6 Windmill Hill Residential trip 12th to 16th July 2021

PERSONAL DETAILS:

PUPIL'S NAME..... Class.....

PUPIL'S DATE OF BIRTH.....

CONTACT DETAILS:

PARENT/CARER'S NAME

PARENT/CARER'S HOME ADDRESS.....

PARENT/CARER'S TELEPHONE NO:.....

ALTERNATIVE EMERGENCY CONTACT NAME:.....

ALTERNATIVE EMERGENCY CONTACT TELEPHONE NO:.....

MEDICAL DETAILS:

NAME & ADDRESS OF FAMILY DOCTOR:.....

..... TELEPHONE NO:.....

Has your child had any of the following (*please circle appropriate answer*):

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, eg material, food, insect bites etc	YES	NO
Other illness or disability	YES	NO
Any recent contact with contagious diseases and infections	YES	NO

If the answer to any of the questions above is YES, please give details:

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ALLERGIES:

Please give details of any allergies your child has (eg. material, animal, insect bites, food)

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Please give details of any food that your child **CANNOT** eat due to allergies:

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Has your child received vaccination against Tetanus? YES NO
 Date if YES.....

Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital? YES * NO

Has your child been given specific medical advice to follow in an emergency? YES * NO

* If the answer to either of these questions is YES, please give details:

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MEDICINES:

Any medicines that need to be taken during a school trip must be handed by the parent/carer to the member of staff in charge of medicines.

Please ensure all medicines are in date and in containers clearly labelled with the child's name, the type of medicine and the dosage instructions.

1. Will your child need to be given any medication during this trip? If so, please indicate:

❖ Medication and reason for taking.....

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❖ Dosage.....

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2. If your child uses an **Inhaler** or an **Epipen** these will be kept with the group leader. Please ensure these medicines are in date and clearly labelled with the child's name and dosage instructions.

❖ Please give details of the allergy such as symptoms, severity and whether/when your child has had to use an Inhaler or Epipen:

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3. I give my permission for the above to be administered by one of the group leaders and I will ensure that I explain the use and dosage of the medicine in advance of the trip. YES / NO

4. I consent to any emergency medical treatment necessary during the course of the visit and sharing my child's details with relevant medical personnel if required YES / NO

5. I consent to my child being given a mild painkiller (paracetamol) if considered necessary by the party leader. YES / NO

SWIMMING CONSENT: (for raft building activity)

My child is: Non swimmer* / confident in water* / can swim 50m* (please circle as appropriate*)

ANY OTHER RELEVANT INFORMATION (please complete if appropriate):

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Signed..... Parent/Carer Date.....

Please print name.....Parent/Carer