

STUDENT AND PARENTAL/GUARDIAN MEDICAL INFORMATION FORM FOR EDUCATIONAL VISITS AND ADVENTUROUS ACTIVITIES

(This form is to be completed in full by the parent/guardian and returned to the academy)

1. DETAILS OF STUDENT

Full name: Date of Birth: Tutor Group:

I agree in principal to my son/daughter/ward taking part in educational study visits during the academic year **2017/2018** and thereby provide relevant medical and contact information. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school reserves the right to prevent my son/daughter/ward continuing with visits in the case of poor behaviour. I agree that I will update the school with any medical information or changes to emergency contact details.

Each letter sent out pertaining to an educational study visit will include a parental consent slip for that individual trip. A copy of this form is available on the school website.

2. EMERGENCY DETAILS

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) Work: (.....)

Mobile Telephone No:

Name & Address:

b) Please state an alternative contact point: - Telephone number: (.....).....

Name & Address of Contact:

Child's Health Service details: - Medical card number:

Family doctor (Name, address and telephone number):

..... (.....)

3. MEDICAL INFORMATION

a) Does your child suffer from any of the following conditions?

Asthma	Yes/No	Bronchitis	Yes/No
Chest problems	Yes/No	Diabetes	Yes/No
Fainting	Yes/No	Migraine	Yes/No
Heart Trouble	Yes/No	Raised Blood Pressure	Yes/No
Tuberculosis	Yes/No		
If 'YES', to any of the above, please provide details:			
.....			
Epilepsy	Yes/No	If 'Yes'	
a) What specific epilepsy syndrome has been diagnosed for your child?			
b) What is the pattern of any seizure?			

(Please cross out the 'Yes' or 'No' which does not apply)

b) Does your child suffer from any other condition requiring medical treatment, including medication?

Yes/No

If 'YES', please provide details:

c) Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food? Yes/No

If 'YES', please provide details:

d) Has your child been immunised against the following diseases?

Poliomyelitis Yes/No Tetanus (lock jaw) Yes/No

If 'YES', to tetanus, please give date if known

e) Is your child taking any form of medication on a regular basis? Yes/No

If 'YES', please give full details, indicating the type of medication and dosage.
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Please ensure that your child has adequate supplies of medication and dosage for the whole visit.

f) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious? Yes/No

If 'YES', please give full details.....

g) In the case of a residential course, does your child have any: (please give the details)

- Special Dietary needs?
- Any childcare needs?

h) Please supply any additional information that you wish the academy to be aware of (e.g. recent illness, medical information, special requirements etc.) which may affect the full range of activities in this event:

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4. INSURANCE COVER

I understand that all visits are insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the academy. Please note that personal accident cover and insurance for personal loss is provided for overseas residential visits.

5. DECLARATION BY PARENT/GUARDIAN

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about insurance arrangements.
- I consent to my child taking part in visits in principal, and, having read the information sheet, declare my child to be in good health and physically able to participate.
- I am aware of the levels of insurance cover.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in visits will be notified to the academy prior to the visit.

I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS. COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM THE ACADEMY.

Signature of Parent/Guardian **Date**.....
(N.B. Parental/Guardian consent required for children aged 17 and under)

Name of parent/guardian in block letters:

Address:

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