

Form SV3(a)  
MEDICAL INFORMATION

**Visit to: Osmington Bay - Residential Trip - Year 5**  
**Wednesday, 17th October - Friday 19th October 2018**

All parts of this form to be completed and returned to the School Office as soon as possible.

**PART A - CONFIDENTIAL MEDICAL QUESTIONNAIRE**

Pupil's Name: ..... Tutor Group: ..... Date of Birth: .....

Parent/guardian/next of kin name and initials: .....

Home address .....

.....

Contact telephone no: in case of emergencies:

Home: ..... Work: .....

Name and Address of Family Doctor: .....

.....

Telephone Number: ..... Pupil's NHS No.: .....

1. Has your son/daughter had any of the following:-

Asthma or bronchitis	YES	NO
Sight or hearing disabilities	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs	YES	NO
Any other allergies, eg material, food, medicine, pollen, dust	YES	NO
Other illness or disability	YES	NO
Recent bed wetting	YES	NO
Sleep-walking	YES	NO
Travel sickness	YES	NO

2. If the answer to any of the questions OVERLEAF is YES please give details in the space below.

- |                                                                                                                                                      |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3. Has your son/daughter received vaccination against Tetanus in the last ten years?                                                                 | Yes | No |
| 4. Has your son/daughter received medical or surgical treatment of any kind from either your Family Doctor or Hospital during the past three months? | Yes | No |
| 5. Has your son/daughter been given specific medical advice to follow in emergencies?                                                                | Yes | No |

If the answer to either of Questions 4 and 5 is YES please give details here:- (including dosage of any medicines/tablets).

**Note: If you would rather discuss any medical matter privately with the party leader please make an appointment to do so.**

6. **Medicines.** If your child is on medication during the visit, please ensure that the medicine is put in a **named**, sealed, plastic container **with instructions re dosage** and handed to the Trip Leader before we depart on Wednesday, 17<sup>th</sup> October 2018.

7. Does your child have any Special Dietary requirements? YES/NO

If YES, please give details

## **PART B - CERTIFICATION**

I consent to my son/daughter receiving any necessary medical treatment for any injury or illness during the visit to Osmington Bay, including administration of medication given to Trip Leaders prior to departure.

Signed: .....  
Father/Mother/Legal Guardian

Date: .....