Student Medical Form

Use only for residential / overseas visits

Visit Name:

Visit Leader:

Please print details

Student Name	**Form**

Date of Birth

Passport Number (overseas only)

EHIC Number (overseas only)

Address

Contact Name:

Relationship to student:

Contact Tel Number *(Where possible please give **one** number that you will be available on at all times)*

Parent E-mail address (Please print)
(Please give one email address only)

Doctor's Name and Address

My son/daughter has the following allergies

Rare Blood Group? (If so please state)

Date of last Tetanus vaccination:

Special Dietary Requirements

Vegetarian Yes ☐ No ☐

(plus any foods which your child cannot eat)

Any additional Information that may be useful in the care of your child

My son/daughter has to take the following prescribed medicines and I will supply the group leader with such Medicines prior to the visit. All medicines must be labelled with the pharmacist label.

Medicine and reason for use

We **DO NOT** allow students to carry any tablets/medicines with them on school trip the group leader may have the following items with them for student use. Please confirm with visit leader. Please read and sign the consent form if you agree.

Please tick next to each item if you agree to your child being given such medication.

- Paracetemol ☐
- Ibruprofen ☐
- Plasters ☐

Signed Parent/Carer Date

This indemnity allows staff to act immediately and in loco parentis

I agree that my son/daughter may be treated by a Doctor/Hospital in the case of an emergency.
(This would include anaesthetics as necessary).

Signed: _____**DATE**_____

Name in Capitals _____

Declaration

I have received and understood the details of the visit.

I confirm that my child is in good health and fit to participate in the activities described. I agree that he/she may receive medical treatment as considered necessary by the medical authorities present.

I undertake to inform the group leader as soon as possible of any change in medical circumstances that may occur after signing and submitting this form.

Signed: _____**DATE**_____

Name in Capitals _____

This completed form should be handed back to the Group Leader of the visit.