Cathedral
Primary School

CONFIDENTAIL MEDICAL INFORMATION AND CONSENT FORM FOR OFF-SITE VISITS AND SCHOOL TRIPS

1. Visit to ……

2. Dates of visit: From …… To ……

3. Pupil / Child / Young Person's / Adult's Name ……

4. Parent / Carer's Name & Address ……

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…… Post Code ……

5. Contact Telephone Numbers:

Daytime / Work …… Relationship to child ……

Evening / Mobile …….. Relationship to child ……

6. Name & Address of Family Doctor / Medical Centre ……

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…… Post Code ……

7. Doctor / Medical Centre Telephone Number ……

8. Has the above named had, or is still experiencing any of the following?

• Asthma or bronchitis	YES	NO	
• Sight or hearing impairments	YES	NO	
• Heart condition	YES	NO	
• Fits, fainting or blackouts	YES	NO	
• Severe Headaches	YES	NO	
• Diabetes	YES	NO	
• Allergies to any know drugs	YES	NO	
• Allergies to food, pollen, insect stings	YES	NO	(Anaphylactic Shock)
• Recent bed wetting	YES	NO	
• Sleep-walking	YES	NO	
• Travel sickness	YES	NO	
• Dental problems	YES	NO	
• Other illness or disability	YES	NO	

9. If the answer to any of the questions in section 8 is YES, please give details in the space below.

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10. Has the above named received vaccination against Tetanus in the last three years?	YES	NO
11. Does the above named require any special medical treatment?	YES	NO
12. Has the above named received specific surgical or medical treatment in the past three months?	YES	NO
13. Has the above named been in contact with, or has suffered from any contagious or infectious diseases in the past four weeks?	YES	NO
14. If the above named allergic to any medication?	YES	NO

15. If the answer is YES to any of the questions 11 – 14 please give in writing relevant information, and specify which medical treatment/condition is involved or has been carried out.

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If you prefer to discuss any medical matters privately with the teacher or party leader, please make an appointment to do so.

DECLARATION

As Parent / Carer of …… I consent to his or her receiving any medical treatment for any injury or illness during the above visit/activity.

Signature of Parent / Carer ……

Date ……..

Please print the name of the person singing above ……