



Ladygrove Park Primary School

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CONFIDENTIAL

INFORMATION FROM PARENTS/GUARDIANS

It is appreciated that some parents/guardians and participants may feel reticent at some of the information requested by this form. It should be pointed out that the information is required purely to ensure that the best care possible is afforded to participants and that their health and safety is not compromised due to personally known factors not being communicated to activity organisers and providers. No embarrassment is intended by any of the questions asked. Confidential help or advice may be obtained from the School Health Nurse or other medical practitioner.

1. Journey/Visit/Activity details

Destination : Hill End Activity : Residential Trip
Monday 20th May – 22nd May 2019 (Class 10)
Wednesday 22nd May – Friday 24th May 2019 (Class 11)

2. Participant's details

Name:

Sex : Male / Female

Date of Birth :

Home Address & telephone no. :

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Name & Telephone No. of participant's Doctor :

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3. Health details

a. Does your son/daughter suffer from any condition requiring medical treatment or special arrangements? Include any conditions such as asthma, travel sickness, anxiety etc. and any treatment required.

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b. Is your son/daughter allergic to any medication (e.g. Penicillin), Stings, Dressings, Food Ingredients or the like? If so please give full details.

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c. Please give details of any recent illness, treatment, possible contact with contagious or infectious diseases or other health matters of which the party leader and activity provider should be aware.

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d. Please give details of any special treatment required, for example medicines, the dose(s), the frequency of dose/use etc.

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e. Has your son/daughter received a Tetanus injection within the past ten years? If so, please state when.

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f. If your child should require Calpol, Piriton, Savlon, Antiseptic cream, during their visit, please indicate below whether or not you give permission for staff to administer the appropriate dosage.

I DO/DO NOT give permission for my child to be administered Calpol, Piriton, Savlon, Antispectic cream, should it be necessary during their visit (*delete as applicable*).

4. Dietary details

Does your son/daughter have any special dietary requirements? If so, please specify what these are.

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5. Is there any other relevant information of which the group leader, activity provider or Centre should be aware or given advice on for example vertigo, claustrophobia, agoraphobia, colour blindness, panic attacks etc.?

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I declare that the above information is a complete résumé of my son's/daughter's current health status and I accept that travel may be denied if any medically notifiable or certifiable health problem(s) subsequently arise(s).

Signed : Date :

Parent/Guardian (Please print) :

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