

High Ashurst Residential Trip
MEDICAL AND DIETARY REQUIREMENTS QUESTIONNAIRE

PUPIL'S FULL NAME _____

DATE OF BIRTH _____

PARENT'S NAME AND INITIALS _____

HOME ADDRESS _____

EMERGENCY PHONE NUMBER 1 _____ EMERGENCY PHONE NUMBER 2 _____

NAME AND ADDRESS OF FAMILY DOCTOR _____

_____ TELEPHONE _____

Does your child currently have (or has ever suffered from) any of the following?

Asthma or bronchitis YES/NO

Heart condition YES/NO

Fits, faints or blackouts YES/NO

Severe headaches or Migraines YES/NO

Diabetes YES/NO

Eczema YES/NO

Hayfever YES/NO

Allergies to any know drugs or medication YES/NO

Any other allergies e.g. material, food, insect bites etc. YES/NO

Other illness or disabilities YES/NO

Any recent contact with contagious disease
and infections YES/NO

Has your child received vaccination against Tetanus?
Date given _____ YES/NO

Is your child receiving medical treatment of any
kind from either your family doctor or hospital? YES/NO

Has your child been given specific medical advice
to follow in emergencies? YES/NO

Any other food allergies or comments

Is there any other information regarding your child/child's health that we should be aware of?

YES/NO

If yes, please give details

Please note:

If anything changes with your child's health prior to the trip, please inform their class teacher and Mrs Little immediately.

If they require ongoing or new medication (for example antibiotics), please complete the [Pupil Medication Form](#) (found on the school website under Parents/Carers / Forms) prior to departure and make sure your child's class teacher and Mrs Little are aware of the update.

You will need to hand any medication directly to the allocated member of staff on the morning of the departure. The medicine will need to be labelled with your child's full name and exact dosage as advised by their doctor. Please make sure that the medical form is printed and attached / enclosed with the medication.

If your child has an inhaler or epi-pen, it is your responsibility to make sure that we have up-to-date medication in school.

All medical forms to be returned to school before we break for the Christmas holidays.

Thank you.

Signed Parent/Carer _____

Date _____
