



CONSENT AND MEDICAL INFORMATION FORM

East Coast of America 7th – 14th July 2019

1. Child's Details

Child's Name:		Form:	
Address:			
Town of Birth			

2. Contact Telephone Numbers

Parent(s) / Guardian(s)		Daytime	Mobile	Home
Name:				
Name:				

Additional Contact (<i>other than parent</i>)		Daytime	Mobile	Home
Name:				
Relationship:		<i>e.g. relative, close friend, neighbour</i>		

3. Medical Information

Family Doctor	
Address	
Telephone No.	

Does your child suffer from any of the following conditions? *Please tick* as appropriate*

Asthma	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	Chest Problems	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	Raised Blood Pressure	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>

* Please provide details

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Epilepsy No Yes If YES,

What specific epilepsy syndrome has been diagnosed for your child?

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What is the pattern of any seizure?

.....

Does your child suffer from any other condition?

No Yes If YES please give details below

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Is your child taking any form of medication on a regular basis?

No Yes If YES please detail type of medication and dosage

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Please ensure that your child has adequate supplies of medication and dosage for the whole visit

Is your child allergic or sensitive to any medication (eg Penicillin), insect bites or food?

No Yes If YES please give details below

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Has your child been immunised against the following:

Polio Tetanus *Please give date if known*

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To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?

No Yes If YES please give details

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4. Special Dietary Requirements

Does your child have any special dietary needs?

No Yes If YES please give details

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5. Activities

The pupils may be offered other optional activities.

Please tick the box to give your consent

6. Declaration by Parent/Carer

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I declare my child to be in good health and physically able to participate in any activities mentioned.
- I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child's participation in the visit will be notified to the School prior to the visit.

Signed: Date:

NAME IN BLOCK CAPITALS: