

Medical Questionnaire – To be returned between Friday 16th May – Tuesday 20th May

To be completed by the parent / guardian not more than ten days prior to the starting date of the visit. **If there are any changes since completing the form, please inform a member of staff.**

Name of Child..... Date of Birth

Address.....

..... Telephone number

School attended.....

National Health number..... Emergency number.....

Doctor address

.....Telephone Number.....

If the answer is 'yes' to any of the following questions, please give full details overleaf.

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| 1. Is your child receiving any medical treatment at present | yes / no |
| 2. Has your child been in contact with anyone suffering from an infectious disease in the last three weeks? | Yes / no |
| 3. Has there been any diarrhea and / or vomiting during the last 7 days? | Yes / no |
| 4. Does your child suffer from | |
| a) Epilepsy | Yes / no |
| b) Diabetes | Yes / no |
| c) Asthma | Yes / no |
| d) Hay fever | Yes / no |
| e) Bedwetting | Yes / no |
| f) Any foot infection | Yes / no |
| g) Allergies | Yes / no |
| h) Travel sickness | Yes / no |
| 5. Has there been any serious illness in the last three months | Yes / no |
| 6. Are there any restrictions upon physical activities | Yes / no |
| 7. Has your child received an anti-tetanus injection? If 'yes' give date | Yes / no |
| 8. Please provide details of any other medical conditions (not mentioned above) that we should be aware of | |
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I hereby give permission for my child to receive proprietary medications and all necessary treatment, including anesthetic, in case of emergency. I declare that I have answered all the above questions to the best of my ability and have not knowingly withheld any information regarding physical fitness.

Signature of parent / guardian..... Date.....

PTO

THIS SECTION IS TO BE COMPLETED ONLY IF THE ANSWER TO ANY QUESTION OVERLEAF IS “YES”

1. Give details below of any medical treatment being received at present. If medication is being given, please ensure that sufficient supply is carried to the last duration of the visit.
2. Nature of infectious disease and how contracted during the last three weeks.
3. Further information regarding diarrhea / vomiting during the past seven days.
4. If your child suffers from EPILEPSY, DIABETES, ASTHMA or HAY FEVER, please give **FULL DETAILS BELOW**. These should include the severity and frequency of attack / seizure, etc, approximate date of last attack and details of any medication taken regularly or kept for emergencies.

Bed-wetting – parents must provide suitable bedding and spare clothing which may be necessary in this event.

Foot infection – please give details:

Allergies – please give details of allergies, including reaction to painkillers, antibiotics, analgesic and other proprietary medication:

5. Please give details of the nature and date of any serious illness during the last three months:
6. Further details of restrictions upon physical activities in school:
7. Please provide date of last tetanus injection:
8. Examples including allergies, injuries, learning difficulties, congenital illness, mobility issues

The child's doctor may be contacted regarding the above information, and in serious cases, this could result in the child being unable to undertake certain activities.