

Medical Questionnaire

Please complete the form and return it to _____ as soon as possible and no later than _____

(This completed form will be held confidentially by the Group Leader during your child's trip)

Pupil Details:

Name		DOB		Age		Male/Female
Address						
NAME & ADDRESS OF DOCTOR:						
Has the pupil received vaccination against Tetanus in the last 10 years?						Yes/No
Doctor's tel		NHS Number		EHIC *		Yes/No

* Each pupil travelling to France is required to have a European Health Insurance Card (EHIC). This can be obtained by via their website: www.ehic.org.uk or by contacting them on 0845 6062030

Emergency Contact Details

Name of parent/guardian			
Day time tel:		Evening tel:	
Name of other contact and relation to pupil:			
Day time tel:		Evening tel:	

MEDICAL INFORMATION (has the pupil had any of the following?)

Our trips include the cost of insurance for medical expenses and forced cancellation. The following questions are to assist us in understanding any special needs of the attending pupil.

Allergies to any known medication	Yes/No	Any other allergies, eg specific food, plasters	Yes/No
Heart Condition*	Yes/No	Diabetes/Epilepsy (delete as applicable)	Yes/No
Other illness or disability	Yes/No	Regular medication	Yes/No

If the answer to any of the above questions is Yes, please give details: _____

If it is considered necessary, do you agree to mild pain killers (eg Paracetamol) being administered?	Yes/No
If it is considered necessary, do you agree to a blood transfusion?	Yes/No

Is the pupil receiving medical or surgical treatment of any kind from either your family doctor or hospital?*	Yes/No
Has the pupil been given specific medical advice to follow in emergencies?	Yes/No

If the answer to either of the last two questions is Yes, please give details below continuing on a separate page if necessary (including dosage of any medicines/tablets):

> If there is any other relevant information relating to your child's health or medical treatment, please specify this.

> In the event of any illness or medical treatment* occurring after the return of this form and prior to the trip, I undertake to inform the Group Leader.

* Please read the restrictions relating to pre-existing medical conditions detailed in the "Trip Terms & Conditions" provided together with the Consent Form and the summary cover provided by your Group Leader.

Parent/Guardian signature: _____

Date: _____