



Park Grove, Bristol, BS9 4LG
 Telephone: 0117 377 2444
 Fax: 0117 377 2445
 Email: office@henleazejuniorschool.co.uk
 Website: www.henleazejuniorschool.co.uk
 Headteacher Mr Adam Barber

MEDICAL AND CONTACT DETAILS FOR OFF SITE VISITS: Mill On The Brue, 4-8 June 2018

This form must be completed and returned to school by Friday 4th May 2018

Pupil's name..... Parent/Carer's Name

Address.....

.....Date of Birth.....

Contact Tel Nos (day).....(evening/mobile).....

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Email address.....

Name and address of Doctor.....

.....Surgery Tel No.....

NHS Number

Any special dietary requirements?

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If you wish to discuss any medical matters privately with the any member of staff, please make an appointment to do so or simply fill in the following.

Has the above pupil had, or is still experiencing, any of the following:

Asthma or bronchitis	YES	NO	Sight or hearing impairments	YES	NO
Heart condition	YES	NO	Fits, fainting or blackouts	YES	NO
Severe Headaches	YES	NO	Diabetes	YES	NO
Allergies to any known drugs	YES	NO	Travel sickness	YES	NO
Dental problems	YES	NO	Other illness or disability	YES	NO
Special Dietary requirements	YES	NO	Sleep-walking (residential)	YES	NO
Allergies	YES	NO	Recent Bed wetting (residential)	YES	NO
(Anaphylactic shock)	YES	NO			

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

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Date of last Tetanus vaccination:.....

Does the pupil require any special medical treatment? YES NO

Has the pupil received specific surgical or medical treatment in the past 3 months? YES NO

Has the pupil been in contact with, or suffered from, contagious or infectious diseases in the past four weeks? YES NO

Is the pupil allergic to any medication? YES NO

If the answer to any of the above questions is YES, please give in writing, relevant information and specify which medical treatment/condition is involved or has been carried out:

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Please write any other relevant information which you think might be helpful

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DECLARATION

As parent/carer of I give permission for any emergency dental or medical treatment that is considered necessary by the medical authorities present to be authorised by the party leader while the group is away from home.

I agree that during any off-site visits, he / she will comply with any special conditions applicable and that any unacceptable behaviour which exists or reoccurs during the visit or activity may lead to him or her being excluded and mechanisms put in place to return persistent offenders home with associated costs borne by their parents / carers

Signature: Print name:.....

Date.....