

# Merchant Taylors' Schools

## School Trip Health Information and Consent



MERCHANT  
TAYLORS'  
SCHOOLS

Trip:

### SECTION A - CONTACT DETAILS

Name of Pupil..... Form..... DOB.....

Home Address.....

..... Post code.....

Home telephone..... Work telephone.....

Mobile..... Email.....

Emergency contact details if different from above.....

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GP Name, Address, telephone.....

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### SECTION B - MEDICAL DETAILS

Does your child/ward suffer from:-

Asthma? YES/NO; Diabetes? YES/NO; Epilepsy? YES/NO;

Allergies food/medicines? YES/NO

If so please give details.....

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Does your child/ward suffer from:-

Hayfever? YES/NO; Migraines? YES/NO; Travel sickness? YES/NO

Please give details.....

Is your child/ward's immunisation status up to date? YES/NO

Is your child/ward on any medication at present? YES/NO

Please give details including dosage/timing.....

.....

Can your child/ward self-administer their medication? YES/NO

Relevant past medical history.....

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Does your child/ward have specific dietary requirements? YES/NO

Please give details.....

Has your child/ward suffered any illnesses, infections or contagious conditions in the last 3 months? YES/NO

Please give details.....

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Can your child/ward swim? YES/NO Ability level.....

Are there any activities in which your child/ward may not participate? YES/NO

Please give details.....

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Is there any further information the School ought to be aware of eg sleepwalking or phobias?

Please give details.....

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### **SECTION C – ADMINISTRATION OF MEDICINES AND FIRST AID**

I agree that a member of Merchant Taylors' Schools' staff may give paracetamol and administer first aid treatments ie antiseptic wipes/lotions/creams, plasters and arrange emergency treatment ie dental, medical or surgical should the need arise.

### **SECTION D – CONSENT**

I hereby give my consent to any member of Merchant Taylors' Schools' staff to act *in loco parentis* for my child during the school trip.

**Signed**..... **Date**.....