Merchant Taylors' Schools Boat Club Health Information and Consent

MTS Boat Club Water Based Activities



SECTION A - CONTACT DETAILS

Name of Pupil	
Home Address	
	Post code
Home telephone	Work telephone
Mobile	.Email
Emergency contact details if different from above	
GP Name, Address, telephone	

SECTION B - MEDICAL DETAILS

Does your child/ward suffer from:-Asthma? YES/NO; If yes I agree that a member of Merchant Taylors' Schools' staff may administer an emergency inhaler should the need arise - YES/NO Diabetes? YES/NO; Epilepsy? YES/NO; Allergies food/medicines? YES/NO If so please give details..... 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.....

Form EVConsent

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		
Can your child/ward swim 25m? YES/NO Ability level (if applicable)		
Are there any activities in which your child/ward may not participate? YES/NO		
Please give details		
Is there any further information the School ought to be aware of eg sleepwalking or phobias?		
Please give details		

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.....