

LONDON BOROUGH OF RICHMOND UPON THAMES
SCHOOL JOURNEY MEDICAL FORM

HEATHFIELD JUNIOR SCHOOL, COBBETT ROAD, TWICKENHAM, MIDDLESEX TW2 6EN
Tel: 0208 894 3525

SCHOOL JOURNEY TO ISLE OF WIGHT 29th April-3rd May 2019

ALL QUESTIONS MUST BE ANSWERED AND RETURNED TO THE SCHOOL AND TO BE FILLED IN BY AN ADULT ONLY

CLASS

NAME OF PUPIL DOB

NAME (Parent/Guardian)

ADDRESS

.....

TELEPHONE NO. (Home) (Work)

Mobile 1) Mobile 2)

1. **Name, address and tel no.** of FAMILY DOCTOR.....

..... Tel

2. Is your child **AT PRESENT** under medical supervision or having any form of medical treatment?
If so, please give details:

CONDITION TREATMENT

PLEASE NOTE If your child is taking any medicines, a supply sufficient to last the journey MUST be given to the party leader on or before the departure date, together with WRITTEN details of dosage etc. This applies to medicines which may be needed only occasionally.

IF YOUR CHILD SUFFERS FROM ASTHMA – TWO INHALERS MUST BE SUPPLIED (ONE FOR YOUR CHILD TO HAVE ON THEM AND ONE TO BE HELD BY THE FIRST AID SUPERVISOR AS A SPARE).

3. Has your child **IN THE PAST** suffered from: (please give details)

Asthma Hayfever Allergies Fits, Convulsions or Blackouts
Any Serious Illness

Details if Yes

4. Is there anything your child is UNABLE to eat (due to allergies, special diet, medical or religion)

..... Reason

5. Does your child wet the bed? YES / NO / OCCASIONALLY

(This would not prevent your child from travelling, but the party leader must be informed and a mattress cover supplied by yourselves if a persistent problem).

6. Does your child suffer from travel sickness YES / NO If yes, please supply sufficient tablets for the return journey and for one trip out.

7. Has your child been vaccinated against POLIOMYELITIS YES /NO Date.....
Has your child been protected against TETANUS YES /NO Date

8. I consent to my child being examined, if necessary, by the School Medical Officer, prior to the school journey.

SIGNED parent/ guardian

9. I consent to my child receiving professional medical advice and treatment in the event of an emergency (including x-rays. anaesthetics etc) while on the school journey.

SIGNED parent/ guardian

PLEASE NOTE Parents should notify the party leader, in writing, if there is any change in the information given above, before the journey commences. Parents should obtain advice from the family doctor and also notify the party leader, if the child comes in contact with an infectious disease during the three weeks prior to the journey date.

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If you have any more information that may assist the party leader in the event of an emergency please use the space below: