



LONDON BOROUGH OF RICHMOND UPON THAMES
SCHOOL JOURNEY MEDICAL FORM

PLEASE ANSWER ALL QUESTIONS

HEATHFIELD JUNIOR SCHOOL, COBBETT RD, TWICKENHAM, TW2 6EN

YEAR 5 JOURNEY TO ISLE OF WIGHT: 28th April – 30th April / 30th April – 2nd May 2025

Child's Name:	Date of Birth:
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Is your child **AT PRESENT** under medical supervision or having any form of medical treatment? If so please give details

CONDITION

TREATMENT/MEDICATION

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 the dosage. This applies also to medicines which may be needed only occasionally. IF YOUR CHILD SUFFERS WITH ASTHMA **TWO NEW INHALERS** MUST BE HANDED TO THE PARTY LEADER BEFORE DEPARTURE

Does your child suffer from [please give details on reverse if applicable]

Asthma Hayfever Allergies

Fits, Convulsions or Blackouts Any Serious Illness

HAS ANY RESTRICTION BEEN PLACED ON YOUR CHILD'S ACTIVITIES, ON **MEDICAL** ADVICE?

Swimming Climbing or using equipment at heights Strenuous Activities

Any other restrictions

IS THERE ANYTHING YOUR CHILD **SHOULD NOT** EAT

DOES YOUR CHILD WET THE BED YES / NO / OCCASIONALLY
This would not prevent your child from travelling, but the party leader must be informed.

DOES YOUR CHILD SUFFER FROM TRAVEL SICKNESS YES / NO

HAS YOUR CHILD BEEN VACCINATED AGAINST POLIOMYELITIS YES / NO Date

HAS YOUR CHILD BEEN PROTECTED AGAINST TETANUS YES / NO Date

I consent to my child being examined, if necessary, by the School Medical Officer, prior to the school journey.	
SIGNED	Parent/Guardian

IMPORTANT

Name and Address of FAMILY DOCTOR
.....
..... Telephone Number.....

I consent to my child receiving professional medical advice and treatment in the event of an emergency [including x-rays, anaesthetics etc] while on their school journey.
SIGNED Parent/Guardian

Please provide the following information for use in the event of an emergency:-

NAMES [Parents/Guardians – please give full names].....
.....

Address
.....

HOME Phone Number

WORK Number

MOBILE Number

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 becomes a contact of infectious disease during the three weeks before the journey date.

PLEASE NOTE ALL QUESTIONS MUST BE ANSWERED

IF YOU HAVE ANY MORE INFORMATION THAT MAY ASSIST THE PARTY LEADER IN THE EVENT OF AN EMERGENCY, PLEASE USE THE SPACE BELOW:-

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