

THE HILL PRIMARY ACADEMY

MEDICAL FORM

Name of Pupil.....Male/Female: Class.....

1. Does your child require emergency medical treatment for an allergy? YES ☐ NO ☐

If yes

2. Have you agreed for the adults accompanying your child to administer that treatment? YES ☐ NO ☐

3. Does your child require any ongoing medication? YES ☐ NO ☐

If yes

4. Have you agreed the arrangements with the Group Leader? YES ☐ NO ☐

5. Has your child or any member of your family suffered a contagious or infectious disease within the last 3 months? YES ☐ NO ☐

6. Has your child been in contact with any other person with contagious or infectious disease? YES ☐
NO ☐

If the response to any of the questions 1-6 is Yes please give details.....

7. Is your child allergic to any medication? YES ☐ NO ☐

8. Has your child received a tetanus injection in the past 2 years? YES ☐ NO ☐

9. Does your child suffer from travel sickness? YES ☐ NO ☐

10. Does your child have incontinence problems? YES ☐ NO ☐

11. Does your child have any special dietary requirements? YES ☐ NO ☐

12. Does your child suffer from any psychiatric illnesses? YES ☐ NO ☐

If yes, please give details.....

SECTION 3 – OTHER RELEVANT DETAILS

Is your child able to swim ? YES ☐ NO ☐

Are there any activities you do not wish your child to participate in? YES ☐ NO ☐
If yes please state...

Is your child allergic to self adhesive dressings(Elastoplasts etc) ? YES ☐ NO ☐

Is there any other medical information about which we should be aware? YES ☐ NO ☐
If yes, please state.....

PTO

Your details:

Home address.....Post Code.....

Tel No:.....Home/.....Work

If I was not available in an emergency, please
contact.....

Name /Address of Family Doctor.....

Tel No:.....

I agree to my son/daughter (full name)..... taking part in the above
activity and having read the information sheet provided agree to his/her participation in the activities
described (with the exception of anything mentioned in Section 3, Question 2.)

I acknowledge the need for obedience and responsible behaviour on his/her part and I am aware of the
procedure for returning pupils home prior to the end of the visit where their behaviour endangers the
Health and Safety of other pupils.

I agree to my son/daughter receiving emergency medical surgical and dental treatment, including
anaesthetic, and blood transfusions as any are considered necessary by the medical authorities present.

NOTE: If there are any exceptions to your child receiving medical treatment. please supply an
accompanying letter stating what those exceptions are.

I understand that the school's policy on the administration of medicines and that party leaders will not
administer non-prescribed medicines.

I understand the extent and limitations of the insurance cover provided.

I undertake to inform the school as soon as possible of any change in the medical circumstances
between the date of signing and the commencement of the journey.

I understand that the details disclosed could be passed on to the organisers insurance and/or medical
adviser if necessary.

Signed.....Date.....
(Parent/Carer)