

# Medical Questionnaire / Consent Form



School : **Imberhorne School**

A journey to: Duke of Edinburgh Award Expeditions

Dates: Group A 27<sup>th</sup>&28<sup>th</sup> April/8<sup>th</sup>&9<sup>th</sup> June – Group B 11<sup>th</sup>&12<sup>th</sup> May/15<sup>th</sup>&16<sup>th</sup> June

I wish my son/ daughter \_\_\_\_\_ to be allowed to take part in the above school trip and, having read the information sheet, agree to his/her taking part in any or all of the activities described.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

*(Note: A School Journey Insurance Policy of AIG Insurance Limited is available through West Sussex County Council.)*

### **Please complete the following medical information in as much detail as possible.**

Has your child had any of the following conditions: (check box as appropriate)

Y	N	
		Asthma or Bronchitis
		Heart condition
		Fits, fainting or blackouts
		Severe headaches
		Diabetes
		Allergies to any known drugs or medication
		Any other allergies or intolerances e.g. material, food, insect bites, hay fever etc.
		Any recent contact with contagious disease and/or infection
		Any specific dietary requirement e.g. vegetarian, vegan, specific intolerance etc.
		Other illness or disability

If the answer to any of these questions is YES please give details here or on a separate sheet of paper which should be firmly attached.

Has your child received vaccination against Tetanus in the last ten years?

YES / NO

Name and address of family doctor:

Telephone:

Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital? YES/NO  
Has your child been given specific medical advice to follow in emergencies? YES/NO  
Has your son/daughter been seen at a hospital for any condition within the last 12 months? YES/NO

If the answer to any of these questions is YES please give details (including dosage of any medicines/tablets) here or on a separate sheet of paper which should be firmly attached.

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**Should the need arise I give permission for paracetamol/ibuprofen to be administered to my son/daughter**

**Paracetamol - YES / NO**

**Ibuprofen - YES / NO**

**Contact Information**

Parent / carer name:

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Home address:

Work address:

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Home telephone:

Work telephone:

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Mobile telephone:

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**Please state an alternative contact in case of emergency.**

Name:

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Relationship to child (e.g. grandparent):

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Address:

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Telephone:

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Mobile telephone:

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**Photography Consent**

I understand that photographs may be taken that include my son/daughter.  
I do /do not wish for such pictures to be used for publicity purposes on the Imberhorne School website.

**I confirm that the information I have provided is full and accurate.  
I will inform the school if there are any changes to this information.**

Name:

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Signature:

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Date:

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