



Bude Residential 2019 - 3rd - 6th September 2019

Medical Form

Please complete this form carefully and return it to the Pupil Reception ASAP

The Park Community School, Park Lane, Barnstaple, EX32 9AX, Tel: 01271 373131

| | | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------|--------------------------|-------------------------------------|-----------------|--|
| Name of Student | | | | Date of Birth | | | |
| Ongoing Medical Problems | | | | | | | |
| Any relevant information concerning your child's PHYSICAL health requiring special attention but which does not prevent him or her taking part should be noted below. For example: Allergies, epilepsy, travel sickness, asthma and eczema. | | | | | | | |
| | Name of Condition / symptoms | Medication | | Frequency of use. | Who can administer the dose? | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| Temporary Illness E.g. Tonsillitis | | Name of Condition / symptoms | Medication | Frequency of use. | Who can administer the dose? | | |
| 1. | | | | | | | |
| Mental Health Issues Eg anxiety, depression, vertigo, claustrophobia self-harm, agoraphobia. | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| Specific Dietary Requirements – Allergies etc. | | | | | | | |
| Has your child had any recent medical intervention / problems? Broken bones etc. | | | Yes/No | Details | | | |
| Can your child swim 25 Metres (please circle) | | | Confidently | Can Manage | Not At All | | |
| Do you have any additional information you feel would be important for us to know? | | | | | | | |
| Name of Parent / Guardian | | | | | | | |
| Home Address | | | | | | Postcode | |
| Tel Number | | Home/Work | | Mobile | | | |
| Email Address | | | | | | | |
| Name Of Family Doctor | | | | | | | |
| Surgery | | | | | | | |
| Approx. date of last tetanus injection. | | | | | | | |

1. I would like my son / daughter to take part in the above mentioned activity and having read the information provided agree to him/her taking part in the activities described.
2. I consent to any to any medical treatment required by my child during the course of the visit
3. I can confirm that my child is in good health and I consider him/her fit to participate.

Signed: _____ Parent/Carer