



Chepstow Castle - 20/06/2019

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	
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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?	
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Name of Parent / Guardian	
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Home Address			
		Postcode	

Tel Number	Home/Work		Mobile	
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Email Address	
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Name Of Family Doctor	
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Surgery	
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Approx. date of last tetanus injection.	
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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