Yr10 Geography Fieldwork - 26/06/2019

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**	

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