



## High Ashurst Residential Visit, Nov 2021 Medical & Dietary Form

PUPIL'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

NAME & PHONE NO. OF GP \_\_\_\_\_

### Has your child had any of the following:

Asthma or Bronchitis	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs or medication e.g. penicillin	YES	NO
Any other allergies e.g. material, food, insect bites, etc.	YES	NO
Other illness or disability	YES	NO
Any recent contact with contagious diseases and infections	YES	NO
Vaccination against Tetanus received within last 5 years	YES	NO
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

### Please supply full details of any medical conditions overleaf

#### Medicines

If your child will need any medication while at High Ashurst (including any non-prescription medication), please complete a Pupil Medication Request form, available from the school office. This must be handed to Julie Gumbrell or Emma Smith on the morning of 17<sup>th</sup> November. The medicines should be in containers clearly labelled with the child's name, the type of medicine and the dosage instructions.

#### Inhalers

If your child is registered with us as having asthma, they **MUST** bring an inhaler with them. **Reliever inhalers** should be carried by the pupils, so they have immediate access to use them as required.

If your child will need a **preventer inhaler** this should be passed to Julie Gumbrell or Emma Smith along with a completed medication form

**I certify that, so far as I am aware, my child is medically fit to attend this residential visit and there are no known health reasons why he/she should not do so.**

SIGNED \_\_\_\_\_ Parent/Guardian DATE \_\_\_\_\_

