

**LANDAU FORTE COLLEGE
MEDICAL INFORMATION FOR OFF SITE VISITS**

This form should be signed by a parent or carer

ENRICHMENT VISIT – JULY 2016

FULL NAME OF STUDENT _____

YEAR GROUP _____ DATE OF BIRTH _____

HOME ADDRESS _____

1a) Does your child suffer from any condition requiring medical treatment, including medication? YES/NO ?

If YES, please give details:- (for medication, please state clearly the time of day and dose required).

1b) Does your child suffer from any condition that will prevent them from participating in any activity? YES/NO ?

If YES, please give details:-

1c) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered from anything in the last four weeks that may become contagious or infectious? YES/NO ?

If YES, please give details:-

1d) Is your child allergic to any medication? YES/NO ?

If YES, please specify:-

Cont.....

1e) Is your child's tetanus injection up to date?
YES/NO ?

If NO, it is your responsibility to attend to this before the visit departure date.

1f) Please outline any special dietary requirements of your child (if appropriate):-

I will inform the Group Leader as soon as possible of any changes in my child's medical circumstances between the date signed and the start of the visit.

2. Declaration

I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed _____ (Parent/Carer) Date _____

I agree to my child being administered with medication that is outlined in 1(a)

Signed _____ (Parent/Carer) Date _____

I may be contacted by telephoning the following numbers:-

Work: _____

Home: _____

If not available at above, please contact:-

Name: _____

Telephone No: _____

Address: _____

FOR ADMINISTRATION USE ONLY

COLLEGE NURSE