



**ESHER CHURCH OF ENGLAND HIGH SCHOOL
STUDENT MEDICAL QUESTIONNAIRE**

Name of trip:

(please complete both sides and sign)

PUPIL'S NAME: _____

DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____

HOME ADDRESS: _____

TELEPHONE NUMBER(S): Home _____

Mobile _____

Work _____

NAME AND ADDRESS OF FAMILY DOCTOR: _____

TELEPHONE NUMBER _____

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 (Type One or Type Two) YES / NO

Allergies to any known drugs or medication 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

If the answer to any of these questions is YES please give details below.

Immunisation Status

Has your child received vaccination against Tetanus in the last five years YES / NO
Date if yes:

Medical History / Medicines

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

Is your child currently taking any medication YES / NO

If the answer to either of these questions is YES please give the details below/overleaf.
(Including dosage of any medicines/tablets)

Any medicines that need to be taken during a school trip must be handed to the member of staff in charge of the journey by the parent/carer. The medicines should be in containers clearly labelled with the child's name, the type of medicine and the dosage instructions.

Our insurance policy states that there are specific exclusions where a journey is undertaken against advice of a Qualified Medical Practitioner. Please obtain a note from a Qualified Medical Practitioner stating your child is fit to travel if you are concerned, and attach it to this form.
(Travel Insurance policy is available to view under Curriculum/Trips on website)

My son/daughter is medically fit to travel: YES / NO

Letter from Qualified Medical Practitioner attached if applicable: YES / NO

Dietary Requirements

Please specify if your child has any specific dietary requirements:

It is your responsibility to inform the school if any of the information above changes or any additions are made prior to the departure of the trip.

SIGNED:(Parent/Guardian)

DATE: