

MEDICAL QUESTIONNAIRE

Name of Student:			
Form:		Date of Birth:	
Proposed Trip:			

1. Has your child got good eyesight? Yes No
2. Has your child got good hearing? Yes No
3. Did your child have his/her tetanus booster at school entry? Yes No
4. Can your child participate in physical activities without restriction or special supervision? Yes No
5. Has your child had any recent injury? Yes No

If yes, please give details

6. Has your child had any recent infection? Yes No

If yes, please give details.

7. Is your child at present under treatment for any condition? Yes No

If yes, please give details.

8. Please state any medication which is required by your child.

Medication	Timing

9. Please specify any confirmed allergies, e.g. food, antibiotics, Elastoplast and dietary requirements

10. Name of Doctor and Contact Details.

11. Name and Address of Next of Kin.

12. I agree that if required Paracetamol can be administered to my child. Yes No

I understand that this information is provided for this activity/trip only and that any permanent changes to my child's health information must be communicated in writing to Monmouth Comprehensive School, Old Dixton Road, Monmouth, NP25 3YT or via email to monmouthcomp@monmouth.schoolsedu.org.uk

Signature of Parent or Guardian..... Date: