

MEDICAL QUESTIONNAIRE

Year 6 Trip to Thames Young Mariners



Child's Name	
Date of Birth	
Parent's Name(s)	
Home Address	
Home Tel No	
Mobile No	
2nd Emergency Contact Details	

Name of Doctor's Surgery	
Name of Family Doctor	
Doctor's Telephone Number	

Has your child had any of the following	Yes	No
Asthma or Bronchitis		
Heart condition		
Fits, fainting or blackouts		
Severe headaches		
Diabetes		
Allergies to any known drugs or medication		
Any other allergies eg. Insect bites, material, food		
Other illness or disability		
Any recent contact with contagious diseases and infections		

Any special food requirements ie vegetarian, dairy free etc. Please give details in the box below

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Immunisations	Yes	No
Has your child received vaccination against Tetanus in the last five years? Date if YES		
Is your child currently receiving medical treatment from your family doctor or the hospital?		
Has your child been given specific medical advice to follow in emergencies? If the answer to either of the above questions is YES please give details in the box below: (including dosage of any medicines/tablets)		

<p>Medical History - Please give details of any of the conditions listed above and on the previous page where your answer was YES.</p>
<p>Medicines</p> <p>Any medicines that need to be taken during a school journey 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. A 'Medicine in School' Form must be completed.</p>

Signed		Date	
Parent/ Guardian			