

NETHERTHORPE SCHOOL
MEDICAL FORM FOR SCHOOL VISITS



Student Name

Started Date

Date of Birth

Home Address:

Home Telephone Number:

1. **Introduction**

Parents/Guardians are asked to complete and return this form. It will be taken on each visit by a teacher in case of an emergency. It will remain on file for the duration of your son/daughter's time at Netherthorpe. ***It is therefore vital that any changes to details given below are reported to the appropriate Head of Year immediately.***

Students will only be able to go on school visits following the return of this form.

2. **Medical Information**

Please write down below details of any illnesses or medical conditions which the school visit leader needs to know about. Include details of medical treatment including medication or special diet. If there are none please write 'none' below.

.....
.....
.....
.....

Please detail the type of pain/flu relief medication your child may be given if necessary.

.....

Is your son/daughter allergic to any medication?

Yes

No

If yes please give details

.....
.....

Is your son/daughter's tetanus immunisation up to date?
(If in doubt please contact your General Practitioner)

Yes

No

3. Insurance

The school has arranged **personal accident** insurance for students on school visits and restricted insurance against **loss** of personal effects. Additional insurance will be taken out for residential visits and trips abroad. (In these cases further details regarding insurance will be provided. Parents are advised to check the extent and level of the insurance cover with the teacher in charge and take out additional cover if they wish).

The school is insured against injury, loss or damage which is caused by its own negligence or that of its employees or approved voluntary helpers in the course of school visits.

4. Emergency Contact Information

Contact Person (Priority 1)

Name:

Address:

Telephone No: *(please indicate priority order)*

Home:

Work:

Mobile:

Relationship to student:

Contact Person (Priority 2)

Name:

Address:

Home:

Work:

Mobile:

Relationship to student:

Details of family doctor:

Surgery Name and Address:

Name of Doctor:

Telephone:

Declaration

I agree to my son/daughter* taking part in school visits.

(Please delete as appropriate)

I agree to my son/daughter receiving emergency dental, medical or surgical treatment (including anaesthetic and blood transfusion as considered necessary by the medical authorities present).

I agree to inform the Head of Year in writing of any change in the medical circumstances of my son/daughter as soon as possible and prior to any visit.

I understand the extent and limitations of the insurance cover provided. (Please contact school if the details are not clear).

Name:

(Please print)

Signature:

Date:

REQUEST FOR STUDENT TO CARRY OWN MEDICATION

Student Name

Date of Birth:

Condition/illness:

Medication Details

Name of Medication (as described on container):

Dosage:

For how long will the student require the medication:

Procedures to be taken in an emergency:

In the case of a student who suffers from severe asthma it is strongly recommended that a spare inhaler is brought into school.

I would like my son/daughter to keep his/her medication on him/her for use as necessary.

Name:

Signature:

(Please print)

Date:

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

PART C



Netherthorpe School will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

Student Name Date of Birth:

Condition/illness:

Medication Details

Name of Medication (as described on container): Duration that medication is required:

Full directions for use

Dosage and timing: Method of administration:

Self Administered: Yes No

Procedures to be taken in an emergency:

I allow/do not allow for my child to carry the medication upon themselves (delete as appropriate)

I undertake to update the school with any changes in routine, use of dosage or emergency medication and to maintain an in date supply of the prescribed medication.

I understand that the school cannot undertake to monitor the use of self administered medication of that carried by the child and that the school is not responsible for any loss of/or damage to any medication.

I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times.

I understand that staff may be acting voluntarily in administering medicines to children.

I understand that I must deliver the medicine personally to and accept that this is a service that Netherthorpe School is not obliged to undertake.

Name:

(Please print)

Signature:

Date: