



BREDON
SCHOOL

Medical/Dietry Disclosure Form

Name _____ Date of birth _____

Address _____

TelHome: _____ Mobile _____

Email address _____

Emergency contact (next of Kin) Other

Name _____ Name _____

Relationship _____ Relationship _____

Tel. no. _____ Tel.no. _____

G P & medical details

G P name _____ Tel.no _____

Address _____

Has the above named had any of the following:

Asthma or bronchitis Yes No

Sight or hearing disabilities Yes No

Heart condition Yes No

Fits, fainting or blackouts Yes No

Severe headaches Yes No

Diabetes Yes No

Allergies to any known drugs Yes No

Any of allergies, e.g. food, material, dust, pollen, plasters Yes No

Other illness or disability Yes No

Travel sickness Yes No



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If the answer to any of the above is YES please give details including medication, below:

Tetanus vaccination in last five years Yes No

Does the above named have any fears or conditions which may affect their enjoyment of the Visit (i.e Heights etc..)

Any other information including special dietary, cultural or other needs

My child is able to swim 25metres + Yes No

- As the parent/guardian I have read fully understand and am satisfied with the details supplied regarding any visit and agree for my child to take part in them.
- I know of no medical reason why my child should not participate.
- In the event of a minor accident and when I cannot be contacted, I agree for First Aid to be administered by a qualified First Aider.
- I do / do not ** agree to my child being taken to hospital, or to being seen by the nearest doctor available should an emergency arise.

*** Please delete as appropriate*

All medication must be handed in on the Morning of Departure. Medication must be in original packaging with the pharmacy label including full name, date of birth and dosage. Staff cannot accepted anything else and if not provided may result in the student not being allowed on the trip.

Signed _____ Date _____