



Roughwood Primary School – Residential Visit Medical Information

Name of child: _____

All information given on this form will be treated in the strictest confidence and made available only to staff accompanying children on the visit.

1. Does your child have any special medical requirements e.g. daily tablets?
2. Does your child suffer from travel sickness?
3. Does your child have any allergies e.g. to penicillin?
4. Has your child ever had a tetanus injection? If so, when was the last one?
5. Is your child susceptible to any of the following:
Migraine Hay fever Asthma Epilepsy
6. Do you agree to the accompanying staff having full authority to act on your behalf in the event of an emergency?
7. Do you have any religious beliefs that might affect the medical attention your child may require?
8. Are there any points you feel the staff should be aware of e.g. sleepwalking, dreaming and especially bedwetting?
9. Your home address:
10. Phone numbers for emergency contact:

Parent/Carer signature: _____