



Blessed Sacrament Catholic Primary School

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Headteacher: Mr C Davey

**Residential Trip Medical Form - PUPIL**

1. Name: .....

Date of Birth: .....

Address: .....

.....

Name of Child's Doctor: .....

Address: .....

.....

.....

Doctor's Telephone Number: .....

2. Medical information about your child.

a) Is your child i) Diabetic Yes/ No

(ii) Asthmatic Yes/ No

(iii) Enuretic (bed wetting)

a) Never b) Occasionally c) Frequently

b) Is your child allergic to

(i) Medicine (e.g. Penicillin) .....

(ii) Food .....

(iii) Animals .....

(iv) Other .....

c) Has your child had an Anti-Tetanus injection in the last 5 years

If yes – Please give date .....

d) Please state any medication your child is currently taking:

.....

.....

PTO



"Aim high – Live life to the full"





e) Has your child been in contact with any contagious/ infectious disease or suffered from anything in the last 4 weeks that may be contagious or infectious.

If YES please give brief details: .....

f) Does your child have any special dietary requirements (e.g. Vegetarian)

g) Please outline the type of pain/ flu relief medication your child may be given if necessary:

Calpol (Paracetamol)  Nurofen (Ibuprofen)  Cough Mix  Piriton (allergy relief)

Other: .....

h) Has your child any disability/special needs or medical condition that the Group Leader needs to be aware of? If yes please give details.

i) I will inform the Group Leader/ Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the of the journey.

### DECLARATION

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: ..... Date:.....

Full Name (Capitals): .....

#### Emergency contact 1:

Name: ..... Relationship:.....

Address:.....

Telephone No's Home and Mobile: .....

#### Emergency contact 2:

Name: ..... Relationship:.....

Address:.....

Telephone No's Home and Mobile: .....