

# BRONDESBURY COLLEGE FOR BOYS

## EXTERNAL TRIPS AND VISITS

### GENERAL MEDICAL INFORMATION FORM TO BE USED FOR ALL TRIPS 2014/2015

Name of pupil \_\_\_\_\_

Class \_\_\_\_\_

a. Any conditions requiring medical treatment, including medication? If yes, please give brief details.

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b. Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

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c. To the best of your knowledge, has your son been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES    ڤ                      NO                      ڤ

***If YES, please give brief details:***

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d. Is your son allergic to any medication?    YES    ڤ                      NO                      ڤ

***If YES, please specify:***

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e. When did your son last have a tetanus injection?

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I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of a trip.

### 3. Declaration

I agree for my son 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. I understand the extent and limitations of the insurance cover provided.

#### **Contact telephone numbers:**

Work: \_\_\_\_\_ Home/Mobile: \_\_\_\_\_

Home Address: \_\_\_\_\_

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#### **Alternative emergency contact:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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Name of family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Full name (capitals): \_\_\_\_\_

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.**