



## Blackland Farm Medical Questionnaire

Pupil's Name		
Date of birth		
Home address		
Parent's / Carer's Name and Initials		
Contact Telephone numbers	<u>1<sup>st</sup> Contact</u> Name: Relationship to child:  Daytime  Evening  Mobile	<u>2<sup>nd</sup> Contact</u> Name: Relationship to child:  Daytime  Evening  Mobile
Doctor's name and address		

Has your child received vaccination against Tetanus in the last 10 years?

Yes ☐ No ☐

If the need arises, may we administer the following medication to your child?

Paracetamol? Yes ☐ No ☐

Anthisan? (for insect bites/stings) Yes ☐ No ☐

Antihistamine Yes ☐ No ☐

Can your child swim confidently? Yes ☐ No ☐

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b><u>Medical questions</u></b>			
Has your child got any of the following?  Further comments can be added at the end of the form if necessary	Asthma or Bronchitis	YES	NO
	Heart condition	YES	NO
	Fits, fainting or blackouts	YES	NO
	Severe headaches	YES	NO
	Diabetes	YES	NO
	Allergies to any known drugs or medication (see below)	YES	NO
	Any other allergies e.g. material, food, insects bites etc. (see below)	YES	NO
	Other illness or disability	YES	NO
	Any recent contact with contagious diseases and infections	YES	NO
Does your child sleep walk?		YES	NO
Does your child have any bed wetting issues?		YES	NO
Does your child have any specific dietary needs?		YES	NO
Does your child suffer with travel sickness? *		YES	NO
<b>*If you are providing travel sickness pills, please add details to the medication box on the following sheet</b>			

If you answered yes to any questions above please add further information below.

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If it is necessary for your child to bring any medication with them, please write the name of the medication, the dosage and how often they take it below.

Medication (Name)	Dosage	When administered
<b>E.G.</b> Piriton	5ml once a day	Morning

If there are any other comments you wish to share with us, please add below.

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If you would rather discuss any medical issues verbally, please tick the box below and write the best number to contact you on.

☐ Please call me on: \_\_\_\_\_

Do not hesitate to contact us to discuss any concerns you have regarding your child. There will be members of staff available at the parent meeting before half-term, to discuss any medical concerns.

Please inform us of any changes to these statements prior to the trip.

Signed \_\_\_\_\_ Date \_\_\_\_\_