



Lodge Hill Medical Questionnaire

Pupils Name			
Parent's / Guardians Name and Initials			
Has your child any of the following? (<u>Please ring the correct answer and provide details at the bottom of this form should the answer be YES to any of the questions</u>)	Asthma of 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	YES	NO
	Any other allergies e.g. material, food, insects bites etc	YES	NO
	Other illness or disability	YES	NO
	Any recent contact with contagious diseases and infections	YES	NO
Has your child received vaccination against Tetanus in the last 10 years?	YES	NO	
Has your child been given specific medical advice to follow in emergencies?	YES	NO	
Does your child sleep walk?	YES	NO	
Does your child have any bed wetting issues?	YES	NO	
<u>(Please ring the correct answer and provide details on the reverse of this form should the answer be YES to any of the questions)</u>			

- ☐ I give permission for my child to apply their own insect repellent and itch/bite relief.
- ☐ I do not give permission for my child to apply their own insect repellent and itch/bite relief.

Do not hesitate to contact us to discuss any concerns you have regarding your child.

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

Signed _____ Date _____