



**NONSUCH HIGH SCHOOL FOR GIRLS
MEDICAL QUESTIONNAIRE AND CONTACT DETAILS**

Your child will shortly be joining a school visit that involves one or more nights away from home. The following information is required to enable the school to fulfil its statutory duties in ensuring the safety and well-being of all participants. **All information offered will be treated as strictly confidential. In addition it should be noted that the school's insurance scheme outlines the following exclusions:**

No claim will be paid which is directly or indirectly caused by or arising from: War; intentional self-injury; any criminal/illegal act; flying as a pilot; gradually operating cause, chronic fatigue syndrome, post-traumatic stress disorder, or other anxiety disorder, any mental disorder or any disease of the nervous system.

In the event of any of the above criteria applying, parents are required to take out their own insurance policy for the visit and must send details of the insurance cover to the Education Visits Coordinator, who will ensure relevant parties have a copy.

Please indicate if you need to take out separate insurance as a result of any of the exclusions above YES/NO

NAME	FORM	TRIP
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Any known medical condition (including period pain & minor ailments):

Details of any prescribed or non-prescribed medication your child will need on the trip:

Provide all medicines clearly labelled with your child's name, dose & frequency and hand to party leader (excluding Epipens & inhalers). Students in Year 10 – 13 may carry their own medication for their own personal use – please give details.

Details of known allergies:

Any special dietary requirements:

Please give any other information which you feel may be of assistance to the Party Leader for your child's well-being.

I declare that all of the above information is correct and undertake to advise the school should my child develop any medical problem or come into contact with any infectious disease between now and the date of departure. I further declare that my child has all current inoculations as previously advised by the Party Leader.

**Signature of Parent
or Carer:**

Date:

Please now complete and sign the two parental declarations on the reverse



**REQUEST FOR SCHOOL STAFF
TO ADMINISTER MEDICAL TREATMENT**

All information offered will be treated as strictly confidential.

Name of Student	
Date of Birth	
Home Address	
Home telephone	
Mobile no 1	
Mobile no 2	
Work telephone 1	
Work telephone 2	
Emergency Contact	NAME
	Telephone No.
GP's name	
GP's telephone no:	
Date of last Tetanus immunisation	

Trip:

Dates:

I hereby consent that for the duration of the above visit, the supervising school staff can administer the following medication as appropriate: paracetamol; piriton; antiseptic cream; skin allergy relief cream, anti-diarrhoea medicine.

Signed

Date:

If my child requires medical treatment during the visit, I hereby confirm that the supervising teacher may authorise any treatment deemed necessary by a qualified physician.

Signed

Date: