

**PGL MAY 2020  
MEDICAL/CONTACT FORM**

**CONFIDENTIAL**

**(Return to the school office by Friday 14<sup>th</sup> February 2020)**

**STUDENT DETAILS**

Name of Pupil: \_\_\_\_\_

Male/Female

Date of Birth \_\_\_\_\_

**MEDICAL INFORMATION**

Family Doctor's Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Please state whether your child is subject to any condition which may need medical treatment whilst away on PGL or any condition such as deafness of which we should be aware.

Please give details: \_\_\_\_\_

Will your child need to bring **ANY** medication away with them **YES/NO**

**(PLEASE NOTE IF YOU ANSWER YES, WE WILL SUPPLY YOU WITH A FURTHER MEDICAL FORM FOR YOU TO COMPLETE. PLEASE INCLUDE THIS FORM WITH YOUR CHILDS MEDICATION).**

Has your child been vaccinated against tetanus? **YES/NO**

Date of last injection: \_\_\_\_\_ Date of Booster: \_\_\_\_\_

Does your child suffer from any allergies? **YES/NO**

Please give details: \_\_\_\_\_

Is there any other information we should be aware of i.e. bedtime routines or needs?

**DIETARY REQUIREMENTS**

Are there any special dietary needs for your child e.g. vegetarian **YES/NO**

Details: \_\_\_\_\_

## **SWIMMING ABILITY**

If your child cannot swim 50 metres, but is confident in the water, they will be able to take part in all the water activities at Liddington. These take part on placid water and life jackets are worn by all pupils during water sports sessions. The information below will not exclude your child from any activity, but it is obviously vital that we have an accurate picture of his/her swimming capability, so would you please tick the appropriate statement:-

- My child cannot swim
- My child is water confident
- My child can swim 50m (about 2 lengths)

**EMERGENCY CONTACT** Please give the name and phone number(s) of parent, relative or guardian who can be easily contacted with the *minimum* delay in the event of an emergency while your child is at Liddington.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Daytime Telephone no: \_\_\_\_\_

Evening Telephone no: \_\_\_\_\_

Mobile 1: \_\_\_\_\_

Mobile 2: \_\_\_\_\_

Declaration:

I have read the information sheet provided and agree to my child's participation in the activities described. I believe that the information provided above is correct and will notify the course organiser of any changes as soon as possible. I agree to my child receiving medication as instructed and to any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signature of Parent/Carer

Date

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