

FROME COLLEGE MEDICAL INFORMATION

Students under 18
(at start of the Academic Year)

FORMSSV3(a)

Date: All DofE Expeditions and Trips for 2021-2022

Parts A and B to be completed and returned to the party leader **as soon as possible**

PART A – CONFIDENTIAL MEDICAL QUESTIONNAIRE

Student's Name:

Parent/Guardian/Next of kin name & initials:

Home Address:

.....

Contact Tel No in case of emergencies: Home:

Mobile:

Name and Address of family Doctor:

Tel No of family Doctor:

Student's NHS No:

1. Has your son/daughter had any of the following?:-

| | Yes | No |
|--|-----|----|
| Asthma or bronchitis | | |
| Sight or hearing impairments | | |
| Heart condition | | |
| Fits, fainting or blackouts | | |
| Severe headaches | | |
| Diabetes | | |
| Allergies to any known drugs | | |
| Any other allergies, eg material, food, medicine, pollen, dust | | |
| Other illness or disability | | |
| Recent bed wetting | | |
| Sleep-walking | | |
| Travel sickness | | |
| Anaphylaxis | | |

2. If the answer to any of the questions is YES please give details in the space below

- | | | | |
|----|---|------------|-----------|
| 3. | Has your son/daughter received vaccination against Tetanus In the last ten years? | YES | NO |
| 4. | Has your son/daughter received medical or surgical treatment of any kind from either your family doctor or hospital during the past three months? | YES | NO |
| 5. | Has you son/daughter been given specific medical advice to follow in emergencies? | YES | NO |

If the answer to either of questions 4 and 5 is YES please give the details here:- (including dosage of any medicines/tablets).

6. Details of any special diet.

PART B – CERTIFICATION

I consent to my son/daughter receiving any necessary medical treatment for any injury or illness during DofE expeditions and trips in 2021-2022.

Signed
(Father/Mother/Legal Guardian)

Date

NOTE:

If you would rather discuss any medical matter privately with the party leader please make an appointment to do so.