

Benhurst Primary School

Benhurst Avenue
Elm Park
Hornchurch
Essex
RM12 4QS

Signed

Dated



Tel: 01708 450807
Fax: 01708 620182
Email: office@benhurst.havering.sch.uk
Website: www.benhurst.havering.sch.uk
Twitter: @BenhurstPrimary

Head teacher: Mr D. Denchfield BA (Hons) NPQH

Year 5 Residential Trip to the Wye Valley Medical Form and Consent for Treatment

This medical form must be completed and returned to Mrs Hillyer or Miss Pattison by

Wednesday 27th March 2019

Please DO NOT return this form to the school office.

- 1) I agree that my child may take part in the school journey to the Wye Valley from Wednesday 10th April to Friday 12th April 2019.
- 2) I agree to the arrangements for the journey and understand that alterations may be necessary in the event of unforeseen circumstances.
- 3) I understand that the school and the organisers of the journey will take all reasonable and proper precautions for the care and safety of my child. I also understand that the Council and the organisers will only be responsible for any injury, if this is caused by the negligence of the organisers.
- 4) I agree to inform the School of any relevant medical or other special circumstances affecting my child, including treatment required during the trip, and any allergic response which my child may suffer as a result of taking medication such as aspirin or paracetamol.
- 5) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?
Yes/No **PLEASE DELETE AS APPROPRIATE** If yes, please provide details:

Does your child suffer from any of the following: **PLEASE TICK EACH RELEVANT BOX**

Epilepsy Asthma Diabetes Bed wetting

Migraines Travel Sickness A known allergy Any other complaints

If you have answered 'Yes' to any of these questions, please provide additional details, including specific medication required.

7) Does your child have any long-term medical conditions or require any special dietary requirements/needs? Yes/No **PLEASE DELETE AS APPROPRIATE** If yes, to either of these questions, please provide additional details, including specific dietary/medication required.

8) When did your child last have an anti-tetanus injection? _____

9) Does your child suffer with headaches? If so, which medication will you provide? _____

10) In the case of my child suffering from a severe headache, **I authorise/do not authorise** the designated member of staff to administer the above medication. **PLEASE DELETE AS APPROPRIATE**

11) Does your child suffer with travel sickness? If so, which medication will you provide? _____

12) In the case of my child suffering from travel sickness, **I authorise/do not authorise** the designated member of staff to administer the above medication. **PLEASE DELETE AS APPROPRIATE**

Additional Information

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Child's name - _____

Address - _____

Telephone (home) - _____

Telephone (mobile) - _____

Telephone (work) - _____

Name of Doctor - _____

My child's National Health Service Medical Card number - _____

These sheets will be shared with your child's Group Leaders. Upon our return to school, these sheets will be shredded.

Non-prescribed medication (e.g. sickness tablets for return journey, Calpol) should be handed directly to Mrs Hillyer or Miss Pattison by Monday 8th April 2019.

Prescribed medication must be given to Mrs Hillyer or Miss Pattison on the morning of the trip.

All medication must be clearly labelled with your child's name and contain clear written instructions regarding how/when to administer.