

# Crackley Hall School

## MEDICAL PERMISSION AND INFORMATION FOR OVERSEAS VISIT

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Details of visit to: \_\_\_\_\_

From: \_\_\_\_\_ Date/time To: \_\_\_\_\_ Date/Time

I agree to \_\_\_\_\_ (name of student)

taking part in this visit and have read the information sheet. I agree to \_\_\_\_\_'s participation in the activities described. I acknowledge the need for \_\_\_\_\_ to behave responsibly.

Name and address of student's doctor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

Is he/she allergic to anything? e.g. wasp or bee stings, anaesthetic, or antibiotic or any other food or drug? If so, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does he/she suffer from any of the following: Asthma, chest complaints, hay fever, migraine, bad period pains, travel sickness, diabetes, or fits or faints? If so, please give details:

\_\_\_\_\_

\_\_\_\_\_

Is he/she having any medical treatment at present? If so, please give details of treatments and medicines:

\_\_\_\_\_

\_\_\_\_\_

*(Please remember that all medicines, except those for asthma, MUST be handed in, before departure, to the teacher in charge clearly labelled with your child's name, dosage and time required).*

NB Staff are not required to administer medication but may do so only with the parent's written permission.

Please use this space to inform the staff in charge, in confidence, of any other medical condition, health problem or any issue that may affect your son/daughter during this trip (e.g. fear of heights/water, etc). If you would prefer to communicate confidential information in writing to the party leader please do so:

---

---

---

I give consent for Calpol to be administered by staff during the trip, should my child need it.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**Date of last anti-tetanus injection:** \_\_\_\_\_

**Please note that we require at least the month and year of their last injection.**

NB we advise that students have a tetanus booster prior to the trip unless they have had a tetanus injection in the last ten years.

I will inform the party leader as soon as possible of any changes to the medical or other circumstances between now and the commencement of the journey.

Please indicate any special food/dietary requirements: \_\_\_\_\_

---

---

### **For residential visits only**

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

If YES please give brief details:

---

---

---

I, \_\_\_\_\_ (Your name in block capitals please)  
give consent to the medical examination of my son/daughter when necessary whilst he/she is taking part in the visit and I request that any operation or any other measures considered necessary by a medical authority for his/her diagnosis and treatment shall be performed and I hereby give permission for such an operation or other measures to be carried out in an emergency only and for the administration of general or local anaesthetic if necessary.

**FRANÇAIS**

*Je soussigné autorise les responsables de cette visite scolaire à prendre – en cas de maladie – toutes dispositions utiles pour appliquer à mon enfant le traitement prescrit par l'autorité médicale, pour assurer, si nécessaire, son hospitalisation et lui faire subir – en cas d'urgence – toute intervention chirurgicale jugée indispensable par le corp médical.*

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Details:**

Name of contact: \_\_\_\_\_ Home No. \_\_\_\_\_

Work No. \_\_\_\_\_

Mobile No . \_\_\_\_\_

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

\_\_\_\_\_

Name of contact: \_\_\_\_\_ Home No. \_\_\_\_\_

Work No. \_\_\_\_\_

Mobile No . \_\_\_\_\_

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

\_\_\_\_\_

**Alternative emergency contact:**

Name of contact: \_\_\_\_\_ Home No. \_\_\_\_\_

Work No. \_\_\_\_\_

Mobile No . \_\_\_\_\_