Portswood Primary School
Pride. Passion. Achieving Together

Portswood Primary School
Somerset Road Southampton SO17 3AA

Tel: 023 8055 5885
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Name of participant..... Date of birth.....
School / group..... Date(s) of visit.....
Home address.....
..... Postcode.....
Name of next of kin.....
Emergency contact no. Home..... Work..... Mobile.....
Next of kin's contact address (if different to above).....
..... Postcode.....
Name of participant's doctor..... Doctor's telephone no. .....
Doctor's address.....
..... Postcode.....
Participant's NHS No.....

1 MEDICAL CONDITIONS – Has the participant had or do they suffer from any of the following? (please circle)

Asthma or bronchitis	YES	NO	Allergies to any known medication	YES	NO
Heart condition	YES	NO	Any other allergies e.g. food, plasters	YES	NO
Fits, fainting or blackouts	YES	NO	Regular medication	YES	NO
Severe headaches	YES	NO	Travel sickness	YES	NO
Diabetes	YES	NO	Other illness or disability	YES	NO

Is the participant receiving medical or surgical treatment of any kind? YES NO
Has the participant been given specific medical advice to follow in emergencies? YES NO
Does the participant have any special needs of which we should be aware? YES NO

If the answer to any of the above questions is YES, please give details overleaf (including dosage of any medicines/tablets)

Has the participant received vaccination against tetanus in the last 10 years? YES NO

If it is considered necessary, do you agree to:

i. Mild painkillers (e.g. Paracetamol) being administered? YES NO
ii. Hypo-allergenic sun screen being provided? YES NO

Please turn over

Supplementary medical information

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Vegetarian Yes No (please circle)

Any other dietary requirements

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Signed …… (Person with parental responsibility)

Print Name……..……Date ……