

**FROME COMMUNITY COLLEGE
MEDICAL INFORMATION**

Students under 18
(at start of the Academic Year)

FORMSSV3(a)

Date: All DofE Expeditions and Trips for 2019-2020

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 2019-2020.

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.