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KING INA



Juniors:
School Lane, Kirkham St.,
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Tel: 01458 272587
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Registered Office: School Lane, Kirkham Street, Somerton, Somerset TA11 7NL

PARENTAL CONSENT AND MEDICAL FORM

Educational Visit to: Osmington Bay

Please complete this sheet and return to the school office as soon as possible.

As parent/guardian of:
I have read, fully understood and am satisfied with the details supplied about the above mentioned activity and agree to my child taking part in it. I know of no medical reason why he/she should not participate.

The Academy provides personal accident cover for all pupils whilst on school premises, and travel insurance and personal accident cover for all pupils and accompanying adults on school trips.

PART A – CERTIFICATION

I consent to my child receiving any necessary medical treatment for any injury or illness during the above visit and I have included all relevant medical information below.

Signed: (Parent/Guardian) Date:

DIETARY NEEDS FOR RESIDENTIAL VISITS

If your child has any special dietary needs please list below.

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PART B – CONFIDENTIAL

RESIDENTIAL TRIPS MEDICAL INFORMATION FORM

STUDENT'S NAME: Date of Birth:

NAME OF PARENT/GUARDIAN/NEXT OF KIN:

HOME ADDRESS:

CONTACT TELEPHONE NUMBERS IN CASE OF EMERGENCIES:

Home: Mobile:

NAME OF FAMILY DOCTOR/SURGERY: TEL. NO.

STUDENT'S NHS NO.: (available from your Doctor's Surgery)

1. Has your child had any of the following:-

Asthma or Bronchitis	YES/NO*	Sight or hearing impairments	YES/NO*
Heart condition	YES/NO*	Fits, fainting or blackouts	YES/NO*
Severe headaches	YES/NO*	Diabetes	YES/NO*
Allergies to any known drugs	YES/NO*	Any other allergies, e.g food,dust,pollen etc.	YES/NO*
Other illness or disability	YES/NO*	Recent bed wetting	YES/NO*
Sleep-walking	YES/NO*	Travel Sickness	YES/NO*
Anaphylaxis	YES/NO*		

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

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3. Has your child received vaccination against Tetanus in the last ten years? YES/NO*

4. Has your child received medical or surgical treatment of any kind from either your Family Doctor or Hospital during the past 3 months? YES/NO*

5. Has your son/daughter been given specific medical advice to follow in emergencies? YES/NO*

6. If the answer to either questions 4 and 5 is **YES** please give the details below (including dosage of any medication):.....

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