

PUPIL INFORMATION

(In Strictest Confidence)

Pupil details

Name of School: Boy / Girl Date of Birth:

Pupil's Name: Preferred Name:

Address:

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..... Postcode: Telephone No.:

Emergency Contact Name/Telephone No:

Alternative Emergency Contact:

G.P. Name: NHS No:

Address:

..... Postcode:

Medical History (Please use a separate sheet if necessary)

Do you suffer from any allergy? YES / NO

(If so please give full details including symptoms / severity / treatment)

Do you suffer from asthma? YES / NO

(If so please give full details including regular and emergency medication required)

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Do you suffer from any food intolerance or allergy (including nuts) which require a special diet? YES / NO

(Please give full details)

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Any other special dietary requirement? (e.g. Vegetarian) YES / NO

For specific medical conditions which require a modified diet, please consider providing a labeled food parcel e.g. for children with Celiac Disease or Irritable Bowel Syndrome.

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If vegetarian please indicate whether you eat the following: Fish Cheese Milk egg Quorn

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Do you have any other special needs? YES / NO

(Please give full details)

Is there anything else we should know about? YES / NO

(e.g. Recent operations, prone to fainting/dizziness, bed wetting, other medical conditions)

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Do you take regular medication that you will bring? YES / NO

(Please give full details and ensure your group leader is fully aware)

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Due to current guidelines and regulations we now require a signature from a parent/guardian to enable us to use images containing young people under the age of 16.

Do you give permission for photographs/video footage to be taken of your child and used for publicity purposes? YES / NO

Please sign to give your consent

Signed: Parent/Guardian name

In the event of an emergency, should it be necessary, do you agree to a qualified medical practitioner to give your child emergency medical treatment? YES / NO Please sign to give your consent

Signed: Parent/Guardian name