

# SCHOOL JOURNEY MEDICAL FORM

Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

**Your telephone numbers:**

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

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

\_\_\_\_\_ GP Tel No: \_\_\_\_\_

Is there any particular food that your child is not allowed to eat? i.e. meat, milk products, salt etc. Please specify:-

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Does your child suffer from asthma, eczema, hay fever or similar conditions? Please give details of any medication that you will be providing:-

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Is there any chance of your child wetting the bed? Yes / No

Does your child suffer from travel sickness? Yes / No  
If so please provide medication for both journeys.

Has your child any other medical problems that we should be aware of? i.e. nose bleeds, earache, frequent headaches etc. Are any medicines prescribed? Please give full details:-

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Has your child had a recent tetanus injection? Yes / No  
If so please give details:-

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Is there anything else that we need to know about your child?  
i.e. allergies to medication etc:-

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If your child suffers minor cuts, grazes or bites, can we apply Savlon or other  
proprietary brands? Yes / No

If your child suffers from a temperature or a headache, can we administer  
Calpol? Yes / No

I consent to my child \_\_\_\_\_ receiving any  
necessary emergency medical or dental treatment during his /her visit.

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