

**CONFIDENTIAL MEDICAL REPORT AND CONSENT FORM**  
**(For trips involving overnight stay)**

**Student's Name:** ..... **Room:** .....

Parent's/Caregivers' Address: .....

Telephone: (Day) ..... (Night) .....

Emergency Contact: Name: ..... Phone: .....

I give permission for my son/daughter to participate in .....

at ..... Date .....

- \* I agree that he/she should take part in such activities and such necessary duties as may be required by staff
- \* I authorize the obtaining on my behalf any medical assistance if, in the opinion of the staff, such treatment is necessary, and agree to meet any costs incurred.
- \* I understand that the school will not accept responsibility for loss or damage of personal property (check own household insurance policy).
- \* Should my son/daughter be involved in a serious disciplinary problem, I accept that he/she may be sent home at my expense.

**1.** Is your child presently taking tablets and / or medicine? **YES / NO** (circle one)

If YES, please state the name of the medication and dosage. ....

All medicines must be handed to the teacher-in-charge prior to leaving with your child's name, the dose to be given and when it should be taken. ***Please do not allow children to be in possession of any medicine whilst on the trip, with the exception of those using inhalers for asthma on a self-monitoring basis.***

**2.** Please **circle** if your child suffers any of the following:

Bed wetting                      Fits of any kind.                      Heart condition

Dizzy spells                      Sleep walking                      Asthma

Blackouts                      Migraine                      Travel sickness

Other (please specify) .....

Please **circle** and **specify** if your child has an allergy to :

Penicillin.....Any foods.....Drugs.....

Insects.....

Other (please specify):.....

***It is really important that you disclose ANY medical conditions that may affect your child's safety.***

Last tetanus immunization was .....(NB Tetanus injections are needed every 10 years)

Is this the first time your child has been away from home? **YES / NO**

**Parent / Caregiver Signature :** ..... **Date:** .....

This report is to assist us in case of any eventuality. All information is held in confidence.