

Health Information for Off-site Activities



Part 1 – to be completed by the event coordinator or first aider

Name of event/activity: Hautbois Activity Centre Residential

Start date: ___ Wednesday 6th July 2022

End date: ___ Friday 8th July 2022

Person/s responsible for first aid at the event: Ms Buchan, Mrs Berryman and Miss King

Part 2 – to be completed by parents/carers

Participant details

Surname: _____ Year group: _____

First name: _____ Date of birth: _____

Address: _____

Date of last anti-tetanus injection: _____

GP's name and address: _____

GP's telephone number: _____

Medication

The following medication and products will be available at the event. Please tick to indicate which may be given to your child if required.

	Tick		Tick
Paracetamol			

General health information

Does your child have any allergies: **Yes / No**

If yes, please give details (severity/EpiPen information): _____

Does your child have any illnesses or disabilities relevant to this event/activity? **Yes / No**

If yes, please give details: _____

Is the participant currently taking medication? **Yes / No**

PTO

If yes, please give details _____

Medication: Please label your child's medication with their name and provide clear instructions for its use. Medication must be in its original packaging with prescription label attached. Please complete the table with medication, dosage and times.

Medication	Time	Dosage

Is your child receiving medical treatment? **Yes / No**

If yes, please give details including hospital name and address: _____

Is there any further information the school should have regarding your child's health and well-being? **Yes / No**

If yes, please give details: _____

Emergency contacts

Please provide details of a person who will be contactable at all times during the event.

Name: _____

Telephone 1: _____

Telephone 2: _____

Relationship to child: _____

Please provide details of a person who will be contactable at all times during the event.

Name: _____

Telephone 1: _____

Telephone 2: _____

Relationship to child: _____

Consent

I authorise the Leaders and first aiders at this event to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Parents/carer's signature: _____ Date: _____

Print name: _____

Please return this form to the school office by Friday 1st July 2022