**CHILD’S NAME…………………………………………………………………………….CLASS…………………………………………**

**EMERGENCY CONTACT NO. (1)………………………………………………………………..**

**EMERGENCY CONTACT NO. (2)…………………………………………………………………**

|  |  |
| --- | --- |
| Does your son/daughter have a medical condition/or allergy. | Yes ⃝ No ⃝ |
| If yes, Please give details: Continue on a separate sheet if necessary. |
| **Does your child have an inhaler?** | Yes ⃝ No ⃝ |

**Is your child allergic to any of the following:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Celery** | **Crustaceans** | **Egg** | **Fish** | **Gluten** | **Lupin** | **Milk** | **Molluscs** | **Mustard** | **Nuts** | **Peanuts** | **Sulphur** | **Soybean** | **Sesame** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**I confirm that my child has been prescribed an inhaler for Asthma, or has a reliever for another medical condition.**

|  |  |
| --- | --- |
| I authorise the Matron/First Aider of Two Mile Ash School to administer the School’s Emergency Salbutamol Inhaler to my child should their inhaler become unavailable during the visit. | Yes ⃝ No ⃝ |

|  |  |
| --- | --- |
| **Does your child have an Adrenaline Auto-Injector (AAI)** | Yes ⃝ No ⃝ |

**I confirm that my child has been prescribed an Adrenaline Auto-Injector (AAI) for Anaphylaxis.**

|  |  |
| --- | --- |
| I authorise the Matron/First Aider of Two Mile Ash School to administer the School’s Emergency Adrenaline Auto-Injector to my child should their (AAI) become unavailable, damaged or expired during the visit. | Yes ⃝ No ⃝ |

**Does your child have any dietary requirements Yes ⃝ No ⃝**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Halal** | **Kosher** | **Pescetarian** | **Vegan** | **Vegetarian** |
|  |  |  |  |  |

**SCHOOL PARACETAMOL & PIRITON WILL BE PROVIDED FOR THE TRIP FOR EMERGENCY USE ONLY**

**Permission to administer SCHOOL PARACETAMOL if required** Yes ⃝ No ⃝

**Permission to administer SCHOOL PIRITON if required Yes ⃝ No ⃝**

**PAGE 2 CONTINUED OVERLEAF**

**MEDICAL CONSENT DECLARATION**

**I agree that if my son/daughter urgently requires medical treatment and it is not possible to contact you or the other emergency contact, a member of staff is authorised to give consent on my behalf.**

**I agree to my son/daughter receiving medication as instructed in an emergency including emergency medical treatment as considered by the Medical Authorities.**

* **Surgical Treatment**  Yes ⃝ No ⃝
* **Anesthetic** Yes ⃝ No ⃝
* **Blood Transfusion** Yes ⃝ No ⃝

**Name of Doctor’s Surgery**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed…………………………………………………Parent/Carer Print Name……………………………………………………**

**Date………………………………………………………………………………………………………………………………………………..**

**IMPORTANT INFORMATION**

**If your child requires daily medication that is normally administered at home before or after the school day it is essential you complete the medical authorisation form at the bottom of this page.**

All medication **MUST** be in **the original packaging** and clearly marked with your child’s name. You must then send the medication in to Matron at least one day prior to the trip **including TRAVEL SICKNESS TABLETS for the return journey. All medication** **MUST be handed to Matron or a Staff member due to Health and Safety legislation with the exception of inhalers.**

 **Please DO NOT pack medication into your child’s luggage**

**AUTHORISATION FOR MEDICATION**

**Name of Medication……………………………………………………………………………………………………………………….**

**Dosage ………………………………………………………… Time Required …….…………………………………………………**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Carer) Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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