



ST PIRAN'S

Inspiring Confidence

Modern Foreign Languages Department

Year 5 French Trip to Boulogne sur Mer

Thursday 8th June 2017

15th May 2017

Dear Parents

Please complete the attached medical consent form and return it to the school office in an envelope marked for my attention no later than Monday 22nd May 2017.

It is important we have the most up to date information for the day we leave. If there are any changes that we need to be aware of that crop up after you have sent in this form and before we travel, please make sure you let me know on the morning of our trip.

Yours sincerely

Mrs C Barlow
Head of MFL
PARTY LEADER

Please hand into School Office in an envelope marked FAO Mrs C Barlow

Medical Form

Year 5 French Trip to Boulogne sur Mer

Thursday 8th June 2017

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN IT TO THE
SCHOOL OFFICE

BY MONDAY 22nd MAY 2017

PLEASE NOTIFY MRS BARLOW OF ANY AMENDMENTS

ON THURSDAY 8th JUNE 2017

PLEASE PLACE ANY LABELLED MEDICATIONS BEING TAKEN TO FRANCE IN AN
ENVELOPE AND HAND TO THE SCHOOL OFFICE

BY MONDAY 5th JUNE 2017

SECTION 1 – GENERAL

Child's Full Name: _____

Class: _____

Age in Years: _____ Date of Birth: _____

Home Details

Parent's Name: _____

Address: _____

Postcode: _____

Family GP Details

Doctor's Name: _____

Address: _____

Postcode: _____

Telephone No: _____

Please list below telephone numbers where you may be contacted during the course
of the day should the need arise:

1. Home: _____

3. Mobile: _____

2. Work: _____

4. Other: _____

SECTION 2 – DIETARY

Please give details below of any religious or medical dietary requirements which your
child may have:

SECTION 3 – MEDICAL

There are occasions when a child suffers a minor ailment during the course a trip. We would therefore be grateful if you would complete the medical section of this form. Please give details below of any **current** illnesses / ailments:

Please give details below of any **current** medications being taken by your child.

Drug Name: _____

Dosage: _____

Are these self-administered? **Yes:** _____ **No:** _____

If you have answered **NO** above, all medicines brought should be clearly labelled with the **child's name** and **correct dosage**, and handed to **Mrs Barlow** via the school office prior to departure.

Please give details below of any medications to which your child is **allergic** or those which you **DO NOT** wish your child to receive.

Please list below any worries which your child may have (eg claustrophobia).

Please use the space below to provide any other information of which we should be aware (eg travel sickness etc.)

In the event of any emergency, parents or guardians will be contacted immediately. If contact cannot be established, it is helpful if parents are prepared to give permission for the school to authorise a general anaesthetic should it be required for treatment. If you are prepared to give this authority please sign below.

I give permission for the school to authorise a general anaesthetic

(i) In the event of an emergency

Parent's signature: _____

Please print parent's name: _____

(ii) When treatment of a minor nature is required

Parent's signature: _____

Please print parent's name: _____

Date: _____