



Residential visits and Out-of-school activities

For students with medical conditions at school

THE HOLT SCHOOL			
Medical Details Form			
1	PARTICIPANT'S DETAILS		
Surname:		First Name:	Date of Birth:
Address:			
2	NEXT OF KIN NAME AND ADDRESS DETAILS		
Contact 1:			
		Telephone Number:	Alternative Tel No:
Contact 2:			
		Telephone Number:	Alternative Tel No:
3	MEDICAL AND DIETARY DETAILS		
Doctor's Name:		Doctor's Tel No:	
Doctor's Address:			
<i>Please give details of any medical conditions/disabilities eg diabetes, epilepsy, allergic to plasters etc</i>			
<i>Would you consider your son/daughter's condition to be life threatening? Yes/ No</i>			

Current medical treatment including medication:

Details of medication administration, including timings & dosage:

Preferred method of administration (please circle)	Student to administer	Staff member to administer
	Student to administer with staff supervision	

Any additional comments regarding administration:

Details of any special dietary needs:

4 Ibuprofen/ Paracetamol Consent

I would like to confirm I give my consent for my child to be administered ibuprofen/paracetamol by the trip leader if the need arises. (The staff will use the age appropriate guidance given in the instructions that comes with the medication for you child.)

Signed: (Parent/Guardian/Participant over 18)	Date:
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5 STATEMENT

I confirm that the information above is correct. I understand that the details on this form will be used by the school and that it is my responsibility to inform The Holt School of any changes. I am happy for the school to contact me to discuss any of the above.

Signed: (Parent/Guardian/Participant over 18)	Date:
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