



Broughton Primary School

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**MEDICAL INFORMATION FOR YEAR 4 STUDENTS
FRONTIER CAMP RESIDENTIAL**

PLEASE HAND IN THE WEEK PRIOR TO THE RESIDENTIAL

Name of student _____ Date of birth _____

Address _____

Telephone _____

Emergency contact _____

NHS number _____ (if you don't have it, please use this link to obtain it: <https://www.nhs.uk/nhs-services/online-services/find-nhs-number/>)

Please circle the appropriate answer. If the answer to any of questions 1-6 is a YES, please give details in the space provided below.

1. Is your child receiving medical treatment at the present? YES NO
2. Has your child been in contact with any infectious diseases in the last three weeks?
(e.g. Chickenpox) YES NO
3. Has there been any diarrhoea or vomiting **in the last seven days**? YES NO
4. Does your child suffer from:
Epilepsy YES NO
Diabetes YES NO
Asthma YES NO
Hay Fever YES NO
Bedwetting YES NO
5. Are there any restrictions on physical activity? YES NO
6. Has your child had:
an anti-tetanus injection YES NO
a recent foot infection YES NO
allergies/intolerances YES NO
7. Can your child swim 25 metres? YES NO

In the event of an emergency where I cannot be contacted, I hereby give permission for my child to receive proprietary medications and all necessary medical treatment, including anaesthesia and blood transfusions. I declare that I have answered all the above questions to the best of my ability and have not knowingly withheld any information regarding physical fitness. (It is important that your child's NHS number is provided above).

Signed _____ Date _____

Once completed by a parent or guardian, please return this form to the school office. Thank you.