



Broughton Primary School

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**MEDICAL INFORMATION FOR YEAR 6 STUDENTS
LONGTOWN 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 the question.

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? YES NO
(e.g. Chickenpox)

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/intolerance	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 _____

When completed by a parent or guardian this form needs to be returned to the school office. Thank you.