



**Broughton Primary School**

[www.broughtonprimaryschool.co.uk](http://www.broughtonprimaryschool.co.uk)

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**MEDICAL INFORMATION FOR YEAR 2 STUDENTS RESIDENTIAL  
LOWTHER ADVENTURE**

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.

- |    |   |            |           |
|----|---|------------|-----------|
| 1. | Is your child receiving medical treatment at the present?   | <b>YES</b> | <b>NO</b> |
| 2. | Has your child been in contact with any infectious diseases in the last three weeks?<br>(e.g. Chickenpox) | <b>YES</b> | <b>NO</b> |
| 3. | Does your child suffer from:  |            |           |
|    | Epilepsy  | <b>YES</b> | <b>NO</b> |
|    | Diabetes  | <b>YES</b> | <b>NO</b> |
|    | Asthma  | <b>YES</b> | <b>NO</b> |
|    | Hay Fever   | <b>YES</b> | <b>NO</b> |
|    | Bedwetting  | <b>YES</b> | <b>NO</b> |
| 4. | Are there any restrictions on physical activity?  | <b>YES</b> | <b>NO</b> |
| 5. | Has your child had:   |            |           |
|    | an anti-tetanus injection   | <b>YES</b> | <b>NO</b> |
|    | a recent foot infection   | <b>YES</b> | <b>NO</b> |
|    | any allergies/intolerances  | <b>YES</b> | <b>NO</b> |
| 6. | Can your child swim 50 metres?  | <b>YES</b> | <b>NO</b> |

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.**