

If required for a group passport YES NO

Pupil's nationality Date of birth

Pupil's town of birth

Can your child swim 50 metres? YES NO

Does your child follow a special diet?

Does your child have any condition requiring medical treatment, including medication?
Please give details:

Immunisation status

Is your child vaccinated against Tetanus YES NO

Date of injection Date of booster

Please give details of any other relevant vaccinations:

If your child has recently been exposed to any infectious diseases he/she should be examined by a doctor and a letter of fitness to participate must be issued.

Has your child had any of the following?

Asthma or Bronchitis YES NO

Recent Fracture or Ligament Damage

Heart condition

Fits, Fainting or Blackouts

Severe Headaches or Migraine

Diabetes

Haemophilia

Sleep walking

Any Allergies

Any other illness or disability

Please give your family doctor's Name, Address and Telephone Number.

This form or a copy of it must be taken by the group leader on the visit.

A copy must remain at school.

This form should be distributed to parents with full details of the visit.

This form is based on detail from the DfES document, Health and Safety of Pupils on Educational Visits.