

Southend High School for Girls

A Foundation Grammar School
Headteacher: Mrs Alison Clewlow BA



MEDICAL FORM

Please note – this information is confidential to the staff responsible for your daughter/son.

Name Form

1. Is she/he receiving medical treatment at present?
YES/NO
If the answer is yes, please give details of pills, medicines, etc.
.....
2. To the best of your knowledge, has your daughter/son been in contact YES/NO
with anything in the last four weeks that may be contagious or infectious.
If yes, please give details
.....
3. Please give the name and telephone number of the doctor with whom your child is
registered.

Doctor's name: Tel No:
4. Does she/he suffer from asthma, hayfever, migraine, bad period pains, travel
sickness
or any other illness or disability? If so, please give details.
.....
.....
5. Is she/he allergic to anything? (Antibiotics, aspirin, any food, etc). Please give details
.....
.....
6. Has she/he had an anti-tetanus injection? YES/NO Date:
7. My address and telephone number while she/he is away will be:

Address:
.....
Tel No:Emergency Tel No:

I declare that apart from anything mentioned above, my daughter/son is in good health to the best of my knowledge.

I hereby authorise a member of staff accompanying the group to give permission to the doctor in charge to undertake whatever treatment is considered necessary for my daughter/son.

In the event of an emergency operation, every effort will be made to contact the parents first.

Signed: Date
(Parent/Guardian)

THIS FORM MUST BE TAKEN BY THE GROUP LEADER. A COPY WILL BE RETAINED BY THE SCHOOL CONTACT.