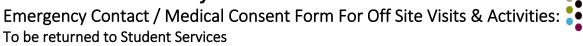
The Harefield Academy





Trip
Name of Student
Emergency Contact Name:
Emergency Contact Number:
Has your child been in contact with any contagious or infectious diseases or suffered from anything in the past 4 weeks that may be contagious or infectious? (Please tick) Yes [] No [] If yes please advise what:
Approximate date of the student's last Tetanus injection.
Any relevant information concerning your child's health requiring special attention, but which does not prevent him or her taking part should be noted below. Does your son/daughter have? (Please tick)
Allergies Please list: Travel Sickness
Diabetes [] Asthma [] Epilepsy [] Eczema [] Migraine [] Period Pain []
Any Other Condition which requires medication to be continued for this visit/trip
Please Give Details of Condition:
Details of Medication: Prescribed: [Yes] [No]
NB: Medicines must be in the original container as dispensed by the pharmacy
In the event of my child displaying symptoms of Asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Ventolin/Salbutamol from an emergency inhaler held by The Academy for such emergencies. Yes No
Please add other relevant medical information, which you feel The Academy needs to know.
Does your child have any specific dietary needs? Please specify below.
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Academy staff administering medicine in accordance with the The Harefield Academy Supporting Students with Medical Conditions Policy. I will inform the Academy immediately, in writing, if there is any change in condition, dosage or frequency of the medication or if the medicine is stopped before/during the trip/visit.
I agree to my son/daughter receiving any emergency medical, surgical or dental treatment, including anaesthetic or blood transfusion as considered necessary by medical authorities present.
Permission given for the above trip.
Signature of Parent/Carer

The Harefield Academy Record of Medicine administered on Trip/Visit



Name of child		Tutor Group				
Date medicine provided by parent						
	_ 					
Name and strength of medicine	_					
Quantity received		Expiry date				
Quantity returned @ end of course						
Dose and frequency of Medicine						
Date						
Time given						
Dose given						
Name of member of staff						
Staff Signature						
Refusal to take (Tick)						
Student signature (if refused)						
Name and strength of medicine	-					
Quantity received	-			Expir	y date	
Quantity returned @ end of course						
Dose and frequency of Medicine						
Date						
Time given						
Dose given						
Name of member of staff						
Staff Signature						
Refusal to take (Tick)						
Student signature (if refused)						
No see and also see the Constitute						
Name and strength of medicine	=			F		
Quantity received	=			Ехрії	y date	
Quantity returned @ end of course						
Dose and frequency of Medicine Date						
Time given						
Dose given Name of member of staff						
Staff Signature						
Refusal to take (Tick)						
Student signature (if refused)			Ī			