

Hagley Catholic High School

Patron Saint: St Nicholas Owen

OFF SITE VISIT RESIDENTIAL MEDICAL FORM



Dear Parent/Guardian,

Please could you take the time to complete and return the form below. The information required relates to the forthcoming **ski trips** that are being organised by Hagley Catholic High School. This form gives your consent for your child to take part in the **residential visit** identified below.

Without this form your child may not accompany the identified visit or activity. This form constitutes our legal permission to take your child off site (as set out within the Home School Agreement).

Name of student:

Date of Birth.....

School: Hagley Catholic High School

Tutor group:

Visit or activity: Easter Ski Trip 2018 (Saturday 13th April 2019 – Saturday 20th April 2019)

Please answer the following questions to the best of your ability so as to support the visit leader. If any more room is required then please write this down on a separate sheet.

1. Does your child suffer from any allergies (**Yes/No**)? If 'Yes', please give details.

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2. Is your child currently taking any medication (**Yes/No**)? If 'Yes', please give details.

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3. Has your child suffered from any infections or contagious illnesses in the last 3 months (**Yes/No**)? If 'Yes', please give details.

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4. Does your child have any specialist dietary requirements (**Yes/No**)? If 'Yes', please give details.

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5. Does your child suffer from travel sickness (**Yes/No**)? If 'Yes', please give details.

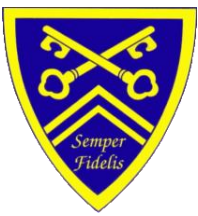
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6. Are there any planned activities in which your child is unable to participate (**Yes/No**)?
If 'Yes', please give details.

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7. Please describe your child's skiing experience? Please tick one box.

Beginner – has never skied before	
Beginner – has introductory session/s at indoor or dry ski slope	
Intermediate/advanced – has skied in alpine environment (Please state below how many weeks experience, where and when)	

8. Is your child confident in water? If so, how far can he/she swim? Please tick one box.

Cannot swim	
Still at the beginner stage (0 – 25 metres)	
A competent swimmer (over 25 metres with ease)	

9. Is there anything else (medical or otherwise) you think we should know about your child (e.g. bedwetting, homesickness, etc.)?

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10. Has your child received a tetanus injection in the last 5 years (Yes/No)?

11. For the ski hire, please provide the following information.

Height.....metres Weight.....kg Shoe Size.....

Doctor's name: Contact number:

Address:

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1. I would like my son/daughter to take part in the above mentioned visit or activity and having read the information provided agree to him/her taking part in any or all of the activities described.
2. I consent to any **emergency** medical treatment required by my child during the course of the visit.
3. I confirm that my child is in good health and I consider him/her fit to participate.

Home Address:

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Primary contact name/number:

Back up contact name/number:

Signature of Parent/Guardian: Date: