

Sparsholt College Hampshire incorporating Andover College
Confidential Medical Questionnaire
To be completed by person with parental responsibility

Pupil's Surname:
Forenames:
Pupil's NHS Number:
Home Address:
Alternative Contact Address for the duration of the visit, if different from above:
Name and Address of family doctor:

Date of Birth:
Place of Birth:
Home Tel:
Work Tel:
Mobile Tel:

Alternative Contact Tel:

Doctor's Tel:

Has your son/daughter had any of the following?

Asthma or Bronchitis	YES / NO
Heart Condition	YES / NO
Fits, Fainting or Blackouts	YES / NO
Severe Headaches	YES / NO
Diabetes	YES / NO
Allergies to any known drugs	YES / NO
Allergies to food, materials etc	YES / NO
Other illness or disability	YES / NO
Travel Sickness	YES / NO
Currently taking medication	YES / NO

Please give the date of your son/daughter's last vaccination against Tetanus.
____ / ____ / ____

Is your son / daughter receiving any medical or surgical treatment from your Family Doctor or Hospital?	YES / NO
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Has your son / daughter been given specific medical advice to follow in emergencies?	YES / NO
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Does your son / daughter have any special dietary needs?	YES / NO
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Do you give your permission for basic medication (e.g. paracetamol) to be given to your son / daughter should the need arise?	YES / NO
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Please continue on reverse of this page.

If the answer to any of the questions above was YES, please give full details below, including name / dosage of any medicines / tablets.

PARENTAL AGREEMENT – MEDICAL

- ◆ I give consent for my son/daughter to take part in the activities listed below, and understand that all these activities are particularly hazardous and involve an element of risk.
 - Kayaking
 - Canoeing
 - Mountain Biking
 - Mountaineering/Walking
 - Climbing
 - Problem solving e.t.c (Low Ropes)
- ◆ I have outlined, over the page, any medical information that may be necessary during the visit.
- ◆ In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.
- ◆ In the event of any illness or medical treatment/condition occurring after the return of this form and prior to the residential visit, I undertake to inform the college responsible for the visit.

Signed: _____ (Parent/Person with Parental Responsibility)

Date: _____

PARENTAL AGREEMENT – CONSENT FOR TAKING IMAGES

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images or my child being taken, I consent to them being used for educational purposes. YES / NO

I understand that if my child is easily identifiable (e.g. a close facial shot) I will be informed first.

I consent to the images being used on the website. YES / NO

Signed: _____ (Parent/Person with Parental Responsibility)

Date: _____

PARENTAL CONFIRMATION - SWIMMING ABILITY

Where your son/daughter is involved in water sports activities, it is important that they have a minimum level of swimming ability.

I confirm that my son/daughter is capable of swimming a minimum of 50m. YES / NO

Signed: _____ (Parent/Person with Parental Responsibility)

Date: _____