South Wilts Grammar School

Residential Visit Confidential Questionnaire

Year **Visit to**

Name of student .....

Date of birth …… Tick if aged 18 or over ☐

Name of next of kin ……

Contact telephone no:Home: ..…… Work: ……..

Mobile: …… (SWGS cannot be held responsible if this contact information is not up to date)

In order to ensure the proposed activity is planned, agreed and safe for all, this form **MUST** be completed and returned as below:

- If you are **under 18 years of age**, you will not be allowed to participate in this activity unless this form has been **signed by your parent/guardian.**
- If you are **18 years of age or over**, you may complete and sign the form yourself.
- **All participants** must sign the declaration at the end of this form.

It is unlikely you will be able to participate unless the form is **FULLY** completed and returned on or before the published date.

Name and address of participant's doctor ……

……

Doctor's Telephone no: …… Participant's NHS no: ……

Passport no: …….. Expiry date ……... **(please attach a copy of photo page when you return this document)**
Please indicate nationality of passport if NOT UK: ……

EHIC no……Expiry date ……... **(please attach a copy when you return this document)**

Please tick:

- My daughter has **no** special dietary requirements / food allergies ☐
- My daughter **has** special dietary requirements / food allergies. ☐

Please explain in as much detail as possible including medication for allergies.

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Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart Condition	Yes	No	Any other allergies, e.g. material food, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If it is considered necessary, do you agree to mild pain killers (e.g. Paracetamol) being administered?	Yes	No
If it is considered necessary, do you agree to blood transfusion?	Yes	No
Has the participant received vaccination against Tetanus in the last 10 years?	Yes	No
Is the participant receiving medical or surgical treatment of any kind from either your family doctor or hospital?	Yes	No
Has the participant been given specific medical advice to follow in emergencies?	Yes	No

If the answer to either of the questions is Yes, please give details here (including dosage of any medicines/tablets)

……..
……..
……..

Students are reminded to take all necessary medication with them on the trip including two epipens if applicable.

If there is any other relevant information relating to your child's health or medical treatment, please specify this.

For participants under 18 years of age:

In the event of it being necessary for the participant to be admitted to hospital *(* delete as appropriate):*

* I confirm that I hold a current passport and will be prepared to collect the participant from hospital on release.

* I will be unable to collect the participant from hospital on discharge and give permission to the trip leader to release him/her from hospital if necessary for the duration of the visit

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the party leader.

During this visit, students will be representing South Wilts Grammar School, so, in order to ensure the safety of the students and in line with the school's code of conduct, the accompanying staff from South Wilts Grammar School require all participants to observe the following principles of responsible behaviour.

1. Attendance is expected at all organised activities except with prior permission for absence.
2. Students are expected to remain in groups of at least three when on visits and to return on time to the group meeting point.

Antisocial, dangerous or inappropriate behaviour will not be tolerated. Good behaviour is expected of all pupils at all times.

We would ask both students and parents to sign the form below to show that they are aware of these conditions and are prepared to abide by them.

In signing this document:

- I have read and fully understand the information relating to the proposed activity;
- I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged. I understand the extent and limitation of the insurance cover provided;
- I consider my daughter/ward to be medically fit to participate in the activities outlined and agree to inform you should this situation change between now and the activity date;
- I agree to my daughter/ward receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed …… *Person with parental responsibility* (for participants under 18 years)

Signed …… *Student*

Date …….

Please return to

By