



**Dalkeith Primary School**

**Medical Details**



*STRICTLY CONFIDENTIAL*

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions.

**STUDENT DETAILS**

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or guardian's full name \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone No. (Hm) \_\_\_\_\_ Telephone No. Wk) \_\_\_\_\_

Telephone No. (Mobile) \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Telephone No. \_\_\_\_\_

**MEDICAL DETAILS**

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during activities? (Staff cannot take responsibility for medical conditions of which they are unaware.)

Yes

No

If "Yes", give details:

\_\_\_\_\_  
\_\_\_\_\_

**Is your child allergic to:**

Penicillin  Give details

Any other drug  Give details

Any food  Give details

Other  Give details

Is any special care required?    Yes                       No   
If "Yes", give details:

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Tetanus vaccination:                      Yes                       No                       Don't Know

**MEDICATIONS**

Arrangements for the safekeeping and handling of medications must be made prior to the excursion.

Is your child presently taking tablets and/or other forms of medication?                      Yes                       No

Does your child self-administer the medication?                      Yes                       No

If "Yes", give details (dosage, frequency, name of medication and reason for use):

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I agree to inform the school of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_