

# Tawa College Local EOTC Permission Slip

## Health and Medical form

All participants MUST complete this form in full. You are asked to be honest. These forms are confidential - failure to complete could place the whole group in a difficult situation.

Please answer the following questions by ticking the appropriate box where applicable. The information is essential for staff that are organising and instructing this programme. The information below will be treated as confidential.

Name: \_\_\_\_\_

D.O.B \_\_\_\_\_

Family Doctor \_\_\_\_\_

Doctor ph no' \_\_\_\_\_

Do you consider your son/daughter to be in GOOD / FAIR / EXCELLENT health Circle one

Is there a current tetanus inoculation current? Yes / No

Is your son/daughter allergic to any medication? Yes / No

*Please state*

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Does your son/daughter have any particular dietary needs? Yes / No

Has your son/daughter had any type of operation in the past year? Yes / No

Has your son/ daughter had any serious illness during the past 6 months? Yes / No

*Please state*

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Has your son/daughter had any 'physical injury' over the past 6 months? Yes / No

*Please state*

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Is your son/daughter seeing a physio/specialist for the above injury? Yes / No

*Please state*

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Is the physio/doctor aware of the type of activity your son/daughter is about to participate in Yes / No

Does your son/daughter suffer from Asthma? Yes / No

MILD / SEVERE Type of inhaler used

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Does your son/daughter suffer from any of the following (please circle):

DIABETES    EPILEPTIC FITS    HEART PROBLEMS

Does your son/daughter suffer from hay fever? Yes / No

Medication used .....

Does your son/daughter suffer from any allergies? Yes / No  
Please state and the medication used

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Is your son/daughter allergic to Bee/Wasp stings? Yes / No  
Is medication carried? Yes / No  
How severe is the reaction:

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What types of medication are used?

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Does your son/daughter have: POOR EYESIGHT	Yes / No
Wear glasses/contacts	Yes / No
POOR HEARING	Yes / No
Hearing aid	Yes / No
Is medication regularly taken	Yes / No
Please state	

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Please state any other medical – health problems that the school should be aware of  
– please be honest:

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For the duration of the trip- staff and parents attending will be "in loco parentis ". Do you agree to staff seeking professional medical advice if this is necessary?

Signed: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact person (if you are unavailable): \_\_\_\_\_

Should medication assistance be sought – I/We agree to cover any expenses.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please detail below any further information you think would be required to ensure a safe and enjoyable trip

**Return this form to the student office no later than Friday 08/08/14**