KINGS COLLEGE MEDICAL QUESTIONNAIRE
Duke of Edinburgh Award Activities 2021

Please notify the Organisers if any of these details change for a specific event

PUPIL'S NAME _____DATE OF BIRTH_____

HOME
ADDRESS_____

TELEPHONE NO_____

PARENT/CARER'S NAME _____

TEL NO HOME_____TEL NO WORK_____

PARENT/CARER'S MOBILE TEL NO _____

NAME AND ADDRESS OF DOCTOR_____

DOCTOR'S TEL NO _____

Has your son/daughter had any of the following (please indicate if they have):

Asthma or Bronchitis,   Heart Condition, Fits, Fainting or blackouts, Severe headaches, Diabetes, Allergies to known drugs or medication, Any other allergies e.g. material, food, insect bites etc.
Other illness or disability, Any recent contact with contagious diseases and infections?

Is your child receiving medical treatment of any kind from your Doctor or Hospital?

Has your child been given specific medical advice to follow in emergencies?

If Yes, please give details overleaf.

Please also detail overleaf any behavioural problems or special needs that the organisers should be aware of to ensure the safety of your child.

Has your child received vaccinations against Tetanus YES/NO   Date of last vaccination if YES _____

I consent/do not consent* to my son/daughter being given a mild painkiller (paracetamol) if considered necessary by the party leader.
*Delete as applicable
I consent to any emergency medical/dental treatment necessary during the course of the visit and I agree to indemnify the organisers against any loss, expenses or cost which is thereby caused and is not otherwise recoverable. It is understood that whilst every endeavour will be made to supervise the participants throughout the visit this will not always be one hundred per cent possible.

It is understood that whilst every endeavour will be made to safeguard personal effects, luggage and clothing of the members of the party, the organisers shall not in any event be responsible for any loss or damage that may occur.

I will notify the organisers if any of these details change during the academic year 2020/2021

Signed _____Parent/Carer   Date _____