Corpus Christi
Catholic Primary School
Headteacher: Simon Lennon – BEng, PGCE, MA
Joyfully, unique in Jesus' family, we learn to use our special gifts to love, serve and make the world a better place.

Year 6 Residential Visit to Fairthorne Manor (7th-9th October): MEDICAL QUESTIONNAIRE

IMPORTANT: Please complete BOTH sides of this form as fully as possible and return to the school office by Monday 6th July 2026.

Full Name of Child …… Date of Birth ……..…..

Home Address ……..……..……

Contact Tel Numbers for Parents/Persons with Parental Responsibility

Daytime ……..Evening ……..…..Mobile ……..……..

Alternative Emergency Contact

Name ……..……

Relationship to child ……..……..……..…..

Tel Daytime ……..…..Evening……Mobile ……..……

Dietary Requirements
Does your child have any special dietary requirements? **YES / NO**
If YES, please specify:

……..……..

Medical Information about your child

Is your child receiving any medical or surgical treatment/medication from your family doctor or hospital and/or has he/she been given specific advice to follow in emergencies? **YES / NO**
If YES, please give details, and supply a doctor's letter confirming the treatment and that the applicant is fit to attend the visit.
……..……..
If your child becomes exposed to any infectious disease between now and the travel date and/or shows any symptoms of illness or infection he/she should be examined by your family doctor and a letter of fitness to participate should be obtained. It is imperative that you keep the school informed of any such cases.

PTO

St. James's Square, Boscombe, Bournemouth BH5 2BX
Phone: (01202) 427544 e-mail: office@cccpschool.com www.cccpschool.co.uk

Has your child ever had any of the following (*please delete as applicable*)

Asthma or Bronchitis ……..	Yes	No
Heart condition ……..	Yes	No
Fits, fainting or blackouts ……...	Yes	No
Severe headaches or Migraine ……	Yes	No
Anxiety ……...	Yes	No
Diabetes ……..	Yes	No
Allergies to any known drugs …….....	Yes	No
Any other allergies e.g. material, food, medicine ……...	Yes	No
Other illnesses or disabilities not named above ……	Yes	No
Females: - Menstrual Cycle ……	Yes	No

If the answer to any of the above is YES, please give details below:

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Has your child received a vaccination against Tetanus in the last 10 years? YES/NO

There may be occasions when we will want to contact you to ask your permission to administer mild painkillers (e.g. Junior Calpol) to your child. Please note, however, this will only happen if considered absolutely necessary and with your verbal consent at the time.
Treatment is always given with another group leader present.

Any other information you wish to inform us of concerning your child, e.g. sleep problems, fear of heights etc

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Name of Family Doctor ……

Address ……..……..

Tel No:……..……..

MEDICAL DECLARATION
I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.
I will inform the school as soon as possible of any changes in their medical circumstances between now and 7th October 2026

SIGNED ……..…… DATE ……..……
Person with Parental Responsibility

PRINT ……..……...