



 The Coach House, Headley Lane,
Mickleham, Dorking, Surrey, RH5 6DQ
 01372 578901
 outdoor.learning@surreycc.gov.uk
 www.surreycc.gov.uk/outdoorlearning

Medical Questionnaire

Please complete this information form as accurately as possible and return to the event organiser.

PARTICIPANT INFORMATION

Full Name _____

Date of Birth _____

Home Address _____

Telephone _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____

Contact Telephone _____

Contact Address _____

Second Emergency Contact Name _____

Contact Telephone _____

Contact Address _____

CARE INFORMATION

Please give details of any allergies, illness, support needs, dietary needs or any behavioural difficulties.

DOCTOR

Name of Doctor _____

Surgery Telephone _____

Surgery Address _____

MEDICATION

Please give details of any medication that is taken or needed

| Medication name | Dosage | Times Taken |
|-----------------|--------|-------------|
| | | |

Please note all medication must be labelled with the name of the young person and the parent/guardian must sign a medication form when handing over any medication.

Has your son/daughter received vaccination against tetanus in the last five years?

Yes/No*

Is your son/daughter receiving medical treatment of any kind from either your family Doctor or Hospital?

Yes/No*

Has your son/daughter been given specific medical advice to follow in emergencies?

Yes?No* If yes, please give details:

I consent to my son/daughter being given a mild painkiller (e.g. paracetamol) if considered necessary by a member of staff.

(*Please delete as appropriate)

OTHER INFORMATION

If there is any information you have not had the chance to give and would like to do so, please use the space below

Signed Parent/Guardian _____

Date _____

PLEASE RETURN THIS FORM TO THE EVENT ORGANISER