



MEDICAL FORM & EMERGENCY CONTACT FORM

PUPIL NAME: _____ Class: _____ Class teacher: _____ Male Female

Date of Birth: _____ Nationality: _____ Passport Number: _____

Home address: _____

EMERGENCY CONTACT:

Name	Relationship	Home Telephone	Mobile Number
1.			
2.			

Does your child have medical insurance? YES/NO* Medical Insurance Provider: _____
Policy Number: _____ Insurance Emergency Call Centre Number: _____

*If your child has no insurance policy, please tick (✓) The box and sign below:

I acknowledge that my child has no medical insurance and that I will be responsible for fees incurred due to personal loss or injury.

Signed _____

MEDICAL and DIETARY INFORMATION Please indicate with a tick (✓) if your child suffers any of the following:

- Bed wetting Seizures of any type Heart condition Travel Sickness
 Epilepsy Sleepwalking Asthma Recent breaks or sprains
 Diabetes Migraine Headaches Allergies Fainting

My child has been in contact with, or has suffered from, a contagious or infectious disease in the last four weeks.

Please give further details of ANY boxes that you have ticked, or any other relevant information, including dietary considerations.

Please complete the table below if your child is on ANY medications (Prescription or non-prescription, including traditional.)

Name of medication (in English)	Reason for medication	Daily timing and dosage

- All medications must be clearly marked in English with pupil's name, name of medication, dosage and when medication is given.
 - Except for EPIPEN & INHALERS, pupils are not permitted to be in possession of any medication whilst on a school trip.
 - Prior to departure, NAIS staff will collect all medications. All medication will be kept in the first aid kit & administered by staff.
- NON-PRESCRIPTION MEDICATIONS:** I give permission for my child to receive oral, non-prescription medications if necessary ie. Panadol. **YES/NO**

IMMUNISATION: Last Tetanus Shot Date: _____ Rabies Shot Date: _____

SWIMMING LEVEL: Non-swimmer Beginner Intermediate Advanced

WAIVER OF LIABILITY:		
I, _____ legal guardian of _____ give permission for my child to participate on a NAIS trip, and any related activities as planned by the teacher in charge. In the event of accident, illness, and where it is impracticable to communicate with me, I give permission for the teacher in charge to act as legal guardian, and to seek medical and/or surgical treatment as may be deemed necessary by the medical authorities present. In such circumstances, I hereby confirm I will be responsible for any and all expenses resulting from the decisions.		
Trip One:	Parent/Guardian Signature:	Date:
Trip Two:		
Trip Three:		
Trip Four:		