



MEDICAL QUESTIONNAIRE			
Name of Student:			
Form:		Date of Birth:	
Proposed Trip:			

1. Has your child got good eyesight? Yes No
2. Has your child got good hearing? Yes No
3. Did your child have his/her tetanus booster at school entry? Yes No
4. Can your child participate in physical activities without restriction or special supervision? Yes No
5. Has your child had any recent injury? Yes No

If yes, please give details

6. Has your child had any recent infection? Yes No

If yes, please give details.

7. Is your child at present under treatment for any condition? Yes No

If yes, please give details.

8. Please state any medication which is required by your child.

Medication	Timing

9. Please specify any dietary requirements.

10. Please give any further information which may be required.

Signature of Parent or Guardian..... Date: