

MEDICAL & DISCLAIMER FORM
Year 8 Trip – Igneada May/June 2011



STUDENT NAME: _____ CLASS: _____

Emergency Contact Name (24hrs): _____

Emergency Contact No. (24hrs): _____

Family Doctor's Name: _____ Doctor's Contact No: _____

Please answer all the questions below and sign when complete:

1. Does your son/daughter suffer from any of the following? (please circle)

Allergies (penicillin, dairy/wheat products, nuts, stings)	Yes	No
Asthma	Yes	No
Bronchitis	Yes	No
Sinusitis	Yes	No
Hay Fever	Yes	No

Other: _____

2. Does your son/daughter take any form of medication? Yes No

medication name: _____ Dosage: _____

3. Can your son /daughter swim? Yes No

4. Do you give permission for your son /daughter to take part in water activities? Yes No

5. Does your son/daughter have any special dietary requirements? (please write them)

6. In the interest of your son /daughter please indicate any other information staff should know.
e.g. claustrophobia, panic attacks, homesickness etc.

7. Do you give permission for the staff to administer any 'over the counter' medication, if necessary? (aspirin for headaches, antihistamine cream, etc.) Yes No

8. Has your son/daughter had a tetanus shot? Yes No

If yes, when? _____

9. If needed, I hereby give permission for the staff to seek the necessary medical attention for my son/daughter. Yes No

I hereby sign giving permission for my child to attend the Year 8 trip. All information here is correct and I will inform the teacher in charge should there be any changes. I also understand that I must have private medical insurance for my child and understand and accept that the British International School Istanbul will accept no liability for loss or injury during the Year 8 trip to Igneada.

Parent /Guardian Name : _____

Signature : _____

Date : _____