

OXFORDSHIRE COUNTY COUNCIL  
EDUCATION SERVICE

FORM OA2

Establishment : .....

CONFIDENTIAL

INFORMATION FROM PARENTS/GUARDIANS

(To be completed and returned to the Head of Establishment when applicable)

It is appreciated that some parents/guardians and participants may feel reticent at some of the information requested by this form. It should be pointed out that the information is required purely to ensure that the best care possible is afforded to participants and that their health and safety is not compromised due to personally known factors not being communicated to activity organisers and providers. No embarrassment is intended by any of the questions asked. Confidential help or advice may be obtained from the School Health Nurse or other medical practitioner.

1. Journey/Visit/Activity details

Destination : ..... Activity : .....  
Departure date : ..... Return date : .....

2. Participant's details

Surname : ..... First name(s) : .....  
Sex : Male / Female Date of Birth : .....  
Home Address & telephone no. :  
.....  
.....

Name & Telephone No. of participant's Doctor :  
.....  
.....

Please indicate your son's/daughter's swimming distance ability by ticking appropriate distance. (Normally, the minimum requirement for participation in water-based activities is to display water confidence and to be able to swim 25 metres unaided.)

- Non-swimmer .....
- 10 metres .....
- 25 metres .....
- 50 metres .....
- Greater distance - Please state : .....

3. Health details

a. Does your son/daughter suffer from any condition requiring medical treatment or special arrangements? Include any conditions such as asthma, travel sickness, anxiety etc. and any treatment required.

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b. Is your son/daughter allergic to any medication (e.g. Penicillin), Stings, Dressings, Food Ingredients or the like? If so please give full details.

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c. Please give details of any recent illness, treatment, possible contact with contagious or infectious diseases or other health matters of which the party leader and activity provider should be aware.

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d. Please give details of any special treatment required, for example medicines, the dose(s), the frequency of dose/use etc.

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e. Has your son/daughter received a Tetanus injection within the past ten years? If so, please state when.

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4. Dietary details

Does your son/daughter have any special dietary requirements? If so, please specify what these are.

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5. Is there any other relevant information of which the group leader, activity provider or Centre should be aware or given advice on for example vertigo, claustrophobia, agoraphobia, colour blindness, panic attacks etc.?

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I declare that the above information is a complete résumé of my son's/daughter's current health status and I accept that travel may be denied if any medically notifiable or certifiable health problem(s) subsequently arise(s).

Signed : .....  
Parent/Guardian

Date : .....

Name (Please print) : .....