

KEN STIMPSON COMMUNITY SCHOOL

HEALTH FORM

NHS Careers Expo – Tuesday 12th March 2024

Please return to Mr Reed or Mrs Patman

Student's Surname: _____ First Name: _____

Date of visit to **NHS Careers Expo – Tuesday 12th March 2024**

Parent/Carer's Surname: _____ First Name: _____

Address: _____

_____ Post Code: _____

Telephone Nos: Home _____

Work: _____

Mobile No: _____

Is he/she on any form of medication? **YES/NO**. If **YES** please state type and dose: _____ -

Does he/she suffer from any allergies or illness we should be aware of (asthma, bee stings etc).

Name and address of group member's Doctor _____

_____ Telephone No: _____

Please note: All medicines/drugs MUST be handed to the group leader before departures UNLESS written permission to the contrary from the parent/carer is handed to the group leader before departure.

Should it be necessary, do you agree to an anaesthetic being given?

I agree to (please print name) _____ being given an anaesthetic.

Signed: _____ Parent/Carer _____