



Education, Leisure and Housing

(Annual / Individual)

Participant Medical / Emergency Information (E2)

FORM E2

Side 1 of 2

The Group Leader must have up to date and accurate Medical and Emergency Information for all participants before departing on all Visits.

All emergency and medical information will either be stored within SEEMIS (Educational Establishments), or for other Establishments / Groups; securely stored in a non-electronic format (approved by the Service). This will be the default information used for any type of medical emergency on all Visits.

The following boxes are to be completed by the Parent / Carer:

1) Participant Details:			
Full Name:	<input type="text"/>	Mobile No:	<input type="text"/>
Home Address:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Sex:	<input type="text"/>
		Gender Identity:	<input type="text"/>

2) Parent / Carer Information:			
Parent / Carer Name 1:	<input type="text"/>		
Home Tel:	<input type="text"/>	Work Tel:	<input type="text"/>
		Mobile:	<input type="text"/>
Email:	<input type="text"/>		
Parent / Carer Name 2:	<input type="text"/>		
Home Tel:	<input type="text"/>	Work Tel:	<input type="text"/>
		Mobile:	<input type="text"/>
Email:	<input type="text"/>		

3) Medical Practitioner Information:	
Surgery Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Address:	<input type="text"/>

4) Emergency Contact Details:			
Emergency Contact Name:	<input type="text"/>		
Relationship to Participant:	<input type="text"/>		
Home Tel:	<input type="text"/>	Work Tel:	<input type="text"/>
		Mobile:	<input type="text"/>
Email:	<input type="text"/>		

5) Participant's Medical History and Information:
Please give all relevant and up to date details on the next page. Any questions unanswered will be read as 'Not Applicable'.

a) Have they ever had **Measles, German Measles, Chickenpox or Mumps?** (Please state which).

b) Do they suffer from any **allergies** e.g. Asthma, Eczema, Hay Fever or reaction to animal fur/hair?

c) Do they have an allergy to a known **drug or medication** (e.g. plasters, Penicillin)?

d) Do they have any **known medical conditions, ongoing illnesses or injuries?**

e) Do they currently take **short, medium or long-term medication** of any kind?

f) Have they had any **medical surgery, procedures or operations** within the last year?

g) Do they have any known **visual or hearing impairment** or need to wear glasses or a hearing aid?

h) Have they had a **Tetanus** injection, and is it up to date?

i) Do they have any **specific dietary requirements or food allergies?**

j) Do they have any **additional support needs, learning behaviour or condition** which the Group Leader would benefit from understanding / knowing about?

k) Do they **sleep walk**, have **problems sleeping** (nightmares / terrors) or **bedwetting** issues?

l) Is there any other information you wish to include to assist us in looking after their health, wellbeing, welfare and safety?

6) Parent / Carer Declaration (must be signed and dated):

I have answered questions 1-5 as fully as possible (where applicable):

Yes

Signed:

Date:

If you want to include any additional conditions or add further medication information please include this information in the space provided below or on a separate sheet.

It is your responsibility to contact the Group Leader before a Visit departure date if you need to make updates or changes which may affect the health, wellbeing, welfare and safety of a participant.

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OIC is committed to being compliant with GDPR and working within the Data Protection Act (DPA) 1998 regulations. The information on this form is private and confidential. If found, please telephone 01856 873535.