

DECLARATION OF ILLNESS/DISABILITY FORM

PLEASE RETURN TO MRS. KAROLEWSKI
BY 4th NOVEMBER

For insurance purposes we need the following details to ensure that we are fully covered. Please ensure any relevant information is enclosed otherwise our insurance may be rendered invalid.

NAME:.....FORM.....

1. PRE-EXISTING HEALTH CONDITIONS:

Has the above named pupil ever had treatment for:

- *any heart or circulatory condition.
- *a stroke or high blood pressure
- *a breathing condition (such as asthma)
- *any type of cancer
- *any type of diabetes

Please give any details and dates involved

2. IN THE LAST FEW YEARS

Has the above named pupil been treated for any serious or re-occurring medical condition, asked to take regular prescribed medication, or referred to a specialist or consultant at a hospital for tests, diagnosis or treatment?

Please give any details and dates involved

3. IN THE LAST 6 MONTHS

Has the above-named pupil been hospitalised for any reason at all?

Please give details and dates.

P.T.O>

4 .Please inform us if the pupil is awaiting tests/treatment of any kind, his/her doctor alters any prescribed medication, or if the pupil has any medical problem or needs hospitalisation at all before the trip.

5. If there are any problems concerning the health of a close relative which may make it necessary for you to cancel or cut short the pupil's trip please give any details.

6. If there are any other details at all relating to health issues please state here.

IT IS VITAL THAT IF ANY CHANGES OCCUR OR NEW MEDICAL CONDITIONS ARISE YOU INFORM ME AS SOON AS POSSIBLE AS SO I CAN INFORM OUR INSURERS OR OTHERWISE OUR MEDICAL INSURANCE WILL BE INVALID