



WHITGIFT SCHOOL MODERN PENTATHLON DEVELOPMENT DAYS
Confidential Medical + Information Questionnaire

To be completed by parent in BLOCK LETTERS and returned to Miss Gomersall at your earliest convenience

First Names:

Surname:

Date of birth:

School:

Pentathlon Experience: BEGINNER / INTERMEDIATE / ADVANCED

Attending Development Day: JULY / AUGUST

Emergency Contact Name:

Emergency Contact Tel No (Home + Mobile):

Home Address:

- 1) Does your son/daughter suffer from any serious medical condition? (e.g. diabetes, epilepsy)

- 2) Does your son/daughter suffer from any allergies? (e.g. asthma, eczema, hay fever)

- 3) Does your son/daughter require any regular medication? Please give details, and bring any medication he/she may need during the camp.

- 4) Does your son/daughter have any known sensitivity to drugs? (e.g. penicillin, aspirin)

5) Name, address and telephone no. of Family Doctor

6) Please list any additional information you feel would be important for us to know.

7) Do you consent to your son/daughter having his photograph taken for possible use in future promotional/marketing material?

Many thanks,

**Laura Gomersall
Head of Modern Pentathlon
Whitgift School
ljg@whitgift.co.uk**