

6<sup>th</sup> November 2017

Dear Parents / Carers,

Our Y4 residential will be here before we know it and so we need to get all of the children's contact and medical details.

**Child's Details**

NAME: \_\_\_\_\_

CLASS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**Medical Details**

Please list any medication that he / she takes in the grid below (E.g. travel sickness tablets, inhalers etc). It is important that you fill in every box.

Name of medication (E.g. Blue inhaler)	Reason for medication (E.g. asthma)	Amount of medication given (E.g. 2 puffs)	How often it is needed (E.g. when needed)	Medication given out by (E.g. teacher)

In case your child feels unwell the school will provide calpol (following the guidelines outlined on the bottle). These will only be given if the child has a headache or temperature and we feel that they need the medication.

By signing the bottom of this form you give us your consent to do this. Please indicate your preference of medication below by ticking one of the boxes.

I would like my child to be given CALPOL

**Special Requirements**

Please tick if any of the following that apply to your child. Please use the space underneath each to give relevant details.

My child suffers from a FOOD ALLERGY

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My child suffers from ANY OTHER ALLERGY

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My child eats only HALAL MEAT

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**Any relevant information**

Please use the space below to give us any additional information on your child that we should be aware of. This includes things such as: wetting the bed; being afraid of the dark and unusual sleeping habits.

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Please tick the box if your child has been immunised against TETNUS in the last 9 years

**Contact Details**

Doctor's Name: \_\_\_\_\_ Doctor's Telephone Number: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

**Parental / Carer Contact Information**

Print

Name \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Alternative Emergency Contact Name: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Parent / Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_