

Class: 1

Visit: Walker Activity Dome – Multi-Skills Festival

Date of visit:

I agree to my child _____ (name) taking part in this visit and have read the information sheet..

I agree to _____'s participation in the activities described. I acknowledge the need for my child to behave responsibly.

1 Medical information about your child

a) Any conditions requiring medical treatment, including medication?
Yes/No

If **Yes**, please give brief details:

b) Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

c) Is your son/daughter allergic to any medication? **Yes/No**

If **YES**, please specify:

e) When did your son/daughter last have a tetanus injection?

I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

2 Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Work: _____ Home: _____

Home address:

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Name of family doctor: _____ Telephone number: _____

Signed: _____ Date: _____

Full name (capitals)