

Yr 6 RESIDENTIAL MEDICAL CONSENT FORM

PLEASE RETURN TO THE SCHOOL OFFICE

Location of Visit: Footsteps of Discovery

Date of Visit: 28th June to Friday 2nd July

Child's Name:

Date of Birth:

Parent / Guardian Name:

Address:

Telephone – Home:

Mobile:

Will the parents/guardians be away during the time of the trip? If yes, please give address and telephone number for contact.

Telephone No. Day

Night _____

Please detail any allergies / illnesses and required medication:

Other relevant information, e.g. Special diet etc.

Date of last Tetanus Injection (if known):

Doctor's Name, Practice Name, Address, telephone number:

Please indicate the level of your child's swimming ability by circling below:

STRONG

AVERAGE

NON-SWIMMER

I consent to my son/daughter attending Yr6 Residential to Footsteps to Discovery visit as detailed above.

I authorise the teacher/leader in charge of the activity to seek emergency medical treatment for him/her should it be necessary or desirable.

I consent to my child being given Calpol for minor ailments/headache etc should it be deemed necessary.

Signed _____ Parent/Guardian

Date _____