YEAR 6 RESIDENTIAL VISIT TO Willersley Castle, Derbyshire
Monday 21st –Wednesday 23rd October 2024
Please return to the class teacher by Friday 20th September

NAME OF CHILD _____ CLASS_____

MEDICAL INFORMATION
Does your son or daughter suffer from **any** condition requiring medical treatment, including **medication**? E.g. Hey fever tablets, asthma inhalers including details of exactly which type of inhaler and administration details.

If YES, please give brief details and say if medication will be required during the visit.

Please outline any food or other allergies and special dietary requirements of your child:

Any recent illness or accident staff should be aware of?

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?
If YES, please give brief details:

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

The type of pain/flu relief medication your child may be given if necessary:

PLEASE TURN OVER THE PAGE

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.

Please inform the Headteacher of any changes in the medical circumstances between the time this form is submitted to school and the commencement of the journey

CONTACT NUMBERS

During the time of the visit I may be contacted by telephone at the following numbers:

WORK _____

HOME _____

Home Address

_____

Alternative Emergency Contact:

Name_____

Telephone Number_____

Address _____

Name of Family Doctor _____

Telephone Number _____

Address _____

Signed By Parent/Carer: _____ Date: _____

Full Name
(capitals):_____

(PLEASE ATTACH A SEPARATE SHEET IF THERE IS ANY FURTHER INFORMATION YOU WISH TO SUPPLY)

THIS INFORMATION SHEET WILL BE TAKEN ON THE VISIT AND USED AS REQUIRED.

A COPY WILL ALSO BE KEPT IN SCHOOL IN THE MAIN OFFICE.