

SEVENOAKS PRIMARY SCHOOL

RESIDENTIAL VISITS AND OUT OF SCHOOL ACTIVITIES

Medical, Dietary & Emergency Contact Details - this information will be kept confidential.

Name of child..... Class.....

Date of birth.....

Address.....

Religion.....

Trip Details.....

MEDICAL CONDITIONS:

ALLERGIES: (e.g. food, medication, products etc.)

SPECIFIC DIETARY NEEDS: (e.g. allergies, vegetarian, etc.)

ANY OTHER SENSITIVE INFORMATION: (e.g. night-time incontinence, sleep walking, hayfever, travel sickness, headaches etc.)

I have read and understand the information regarding administering medication.

IMPORTANT NOTICE: Should the necessity arise, I agree to the persons in charge of the party giving consent on my behalf for an anaesthetic to be administered and for any other urgent medical treatment to be given.

Parent's/Carer's signature.....

Print Name:.....Date:.....