

WANTAGE CE PRIMARY SCHOOL

THE COURT HILL CENTRE 2017

CHILD'S NAME

MEDICAL INFORMATION ABOUT YOUR CHILD

Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give details, including medication, dosage and whether it is administered by the child or an adult:

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Any allergies, travel sickness or phobias? YES/NO

If YES, please specify including medication and dosage:

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Any further relevant information? YES/NO

If YES, please specify:

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Any special dietary requirements, including vegetarianism YES/NO

If YES, please specify:

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CHILD'S NAME

EMERGENCY CONTACT DETAILS:

CONTACT'S NAME

HOME TELEPHONE

DAYTIME TELEPHONE

FURTHER EMERGENCY CONTACT:

CONTACT'S NAME

HOME TELEPHONE

DAYTIME TELEPHONE

DECLARATION

I agree to my child attending the above overnight stop at Court Hill Centre on the Ridgeway.

Signed Date

Full name