

Medical Needs Form

Y6 Residential- Osmington Bay

Please print and write clearly - thank you

Child's Name Class

PARENT/GUARDIAN DETAILS

Name:

Address:

First contact phone: Other phone:

Other parent / guardian

Name:

Address:

First contact phone: Other phone:

To be used in an emergency if parents/guardians are unavailable

Emergency Contact Name

Relationship to the child:.....

First contact phone: Other phone:

Child's Doctor Name:

Surgery Address:

Telephone No:

Swimming information:

Please tick one:

My child is a confident swimmer (can swim 25 meters)

My child is not a confident swimmer (would struggle swimming 25 meters)

Head Teacher: Robin Warren



Medical Information - Does your child have any medical problems, such as asthma, eczema, travel sickness, allergies- including food allergies (like nuts or gluten)?

No

Yes

If you have ticked yes, please indicate what medical problem/s AND medicines required needed:

.....
.....
.....
.....

Medicine required:

.....
.....

Dietary Information – does your child have a food requirement. For example: halal only, vegetarian, pescatarian?

No

Yes

If you have ticked yes, please indicate what food requirement:

.....

Anything else we need to know about your child: (wets the bed, sleeps with lights on etc.)

.....
.....
.....

IMPORTANT

I give my permission for this medication to be administered to my child as stated.

I give my permission for medical treatment to be given to my child by a medical practitioner in the event of an accident.

In the event that my child behaves in a way that is dangerous or unacceptable in accordance with the school's Behaviour Policy, I confirm that I am prepared to travel to the centre at my own expense to collect him/her.

Signed (parent): _____ PRINT NAME: _____

DATE: _____

Head Teacher: Robin Warren

