

School Journey To: **Mersea Essex Outdoors July 2021**

Child's Name

Home address

NHS number

If you cannot find the Medical Card, your family doctor will have the number. **It is vital that we have it in case of emergencies.**

What is the name and address of your family doctor?

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Does your child suffer from any medical conditions (*including asthma, hayfever, migraine, claustrophobia, sleep-walking, bed wetting*)? Please list below with any relevant information.

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Does your child have any allergies? Please list below with any relevant information.

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Does your child have any dietary requirements? Please list below with any relevant information.

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Are there any medications taken? If so please provide details of medication, dosage and relevant instructions for administering. (Including inhalers) All medicines will need to be handed into the school office prior to departure date, clearly labelled, so that they can be recorded. (Prescription medication will need to be in original packaging, including child's name, dosage instructions and a spoon if required)

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IT IS IMPORTANT THAT THE ABOVE IS COMPLETED AND ALSO THAT THE DETAILS ON THE REVERSE SIDE OF THIS FORM ARE READ, AND THAT THE PARENT / CARER SIGNS

- My child does not suffer from any pre-existing medical condition requiring treatment
- I undertake to inform the organiser if my child or any member of the family suffers from any infectious disease within 21 days prior to the journey
- I understand that decisions on treatment for illness or accident, should they be necessary, will be made by the member/members of staff in charge of the party at that time.
- Any medication should be handed into the school office/trip leader and it will be supplied when needed in accordance with the instructions provided by the parent/carer. If the medication needs to be carried by your son/daughter this must be agreed with the organisers (eg. Asthma inhalers).
- I am satisfied that I have been fully informed about the arrangements, purposes and activities of the above school visit and, therefore, wish my child to be allowed to take part, and I agree to his/her taking part in the activities.
- Tolleshunt D'Arcy St Nicholas cannot accept responsibility for any information not declared by parent / carer overleaf.

SignedParent/Carer Date

Telephone numbers in case of an emergency (in order of preference)	
Name	phone number.....
Name	phone number.....
Name	phone number.....
Name	phone number.....