

Essential Information & Permission for Years 3 and 4 Camp

Child's Information	
Name of child:	
Date of birth:	
Address:	
Emergency Contact 1	
Name:	
Home telephone number:	
Mobile telephone number:	
Work telephone number:	
Emergency Contact 2	
Name:	
Home telephone number:	
Mobile telephone number:	
Work telephone number:	

Please add any additional contacts on the reverse side of this form

Medical Information	
Name of doctor:	
Surgery telephone number:	
Date of last tetanus injection (if known):	
Any known allergies:	
Any significant medical / personal information:	
Request to administer medication:	YES <input type="checkbox"/> NO <input type="checkbox"/> (if yes, you will be given a more detailed form to complete)

Continued overleaf

Declaration

- I agree that my child may participate in the school trip.
- I agree that my child is fit to participate in the activities to be undertaken.
- I give permission for my child to be given junior paracetamol e.g. Calpol if deemed necessary.
- I authorise the organiser to act on my behalf in an emergency and to sign on my behalf, any consent forms required by medical authorities, if she knows it would not be advisable to wait for my own signature.

Signed..... Date.....