

# Year 6 Residential Trip – Emergency contact and medical form

Please complete and return by Friday 27<sup>th</sup> September

Child's name..... Class.....

Address.....

.....

Contact numbers: Please put in order of priority and circle number given.

1. Name (Please print).....  
Relationship to child.....  
Contact number 1 (Home/mobile/work).....  
Contact number 2 (Home/mobile/work).....  
Contact number 3 (Home/mobile/work).....

2. Name (Please print).....  
Relationship to child.....  
Contact number 1 (Home/mobile/work).....  
Contact number 2 (Home/mobile/work).....  
Contact number 3 (Home/mobile/work).....

Name address and of doctor .....

.....Telephone number.....

Any medical details/medication to be given, including asthma pumps and epipens:

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.....  
.....

Has your child had all their immunisations, MMR and pre-school booster vaccinations? YES/NO (please delete as appropriate).

If not, please give details of any they have NOT had:.....

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A choice of meals, including vegetarian are provided but please list any allergies your child has to food/drink.....

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Occasionally it may be necessary for staff to administer your child with the recommended dosage of Calpol or Piriton. Also some children suffer with dry lips and we may need to apply Vaseline. Please sign below giving your consent.

Signed by Parent/Guardian ..... Please print name.....

Date.....

