Overstrand – Emergency contact and medical form 2024

Please return this form to the School Office by **27th September 2024**

Child's name: **Class:**

Address…….

……

Home telephone no: ……..

Contact numbers:

1. Name (Please print)…….. Number……

   Relationship to child……

2. Name (Please print)…….. Number……

   Relationship to child……..

Name address and telephone number of doctor …….

……

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

(continue overleaf if required, medicine will need to be in a named container and signed in with a member of staff on the morning or week prior if possible)

……

……

……

Has your child had all their immunisations, MMR and pre-school booster vaccinations?

(please delete as appropriate). YES/NO

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

……

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

……

……

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……. Dated……..