

Please return to the School Office by Tuesday 16th April

Year 5 Holy Island Field Trip – May 2024

Emergency Contacts and Medical Details Form

Full name: Date of Birth:

Address:

..... Post Code.....

Emergency Contact Telephone Numbers:

Contact 1: (Name and relationship to child)

Home: Work: Mobile:

Contact 2: (Name and relationship to child)

Home: Work: Mobile:

Contact 3: (Name and relationship to child)

Home: Work: Mobile:

GP's Name: Telephone Number:

• Please describe any relevant medical history:

• Is your son/daughter taking any medication/treatment? Please provide details:
.....
.....

• Does your son/daughter use an inhaler? **Yes/No***

• Does your son/daughter suffer from any allergies or have any dietary requirements? Please provide details:
.....
.....

• Has your son/daughter been vaccinated against tetanus? **Yes/No***
When was the booster given? (Year)

• In the event of your child suffering from fever, aches and pains etc, do you consent to paracetamol (including Calpol®) being administered by staff? **Yes/No***

• In an emergency, if you cannot be contacted, are you willing for your son/daughter to receive necessary hospital treatment, including an anaesthetic? **Yes/No***

• I consent to the above-named child taking part in the various outdoor activities and excursions involved with the Holy Island residential field trip from Wednesday 8th to Friday 10th May. [NB: There is an inherent risk involved with attending this residential field trip and consent to attending this residential field trip assumes that you have accepted this risk.]

• I confirm that I have parental responsibility for the above named. He/She is physically fit to undertake these activities; and to my knowledge, the above information is correct and up-to-date.

Signed: _____ (Parent/Guardian*) * Delete as appropriate.

Date: _____

Further information:

Next of Kin Name:

Address if different from above:
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