

Personal Information Form

Please complete and return this form to the teacher in charge of your trip to Nell Bank.
All information will be treated as confidential

School: St Chad's C of E Primary School

Course Dates: 4-6th March 2019

Activity Centre: Nell Bank, Ilkley

Name of Child: _____ **Boy / Girl** **Date of Birth:** _____

Name, Address and Telephone Number of Parent/Guardian:

Postcode: _____ **Telephone No:** _____

Alternative Emergency Contact Number(s): _____

Medical and Other Details

Please give details of any condition from which your child suffers ie, illness, allergies, travel sickness, physical disability, visual or hearing impairment etc

Please give details of any medication your child requires:

Name of Medication

Dosage

Frequency

Is your child immunised against tetanus? Yes / No **Date of last injection:** _____

Does your child suffer from enuresis (bed-wetting)? _____

Name, address and telephone number of GP:

Does your child have any dietary restrictions eg, vegetarian, halal or coeliac? Please give details here:

Any other details that you feel are relevant can be given on the reverse of this form – thank you.

I consent, if an emergency should occur at a time when my consent cannot otherwise reasonably be obtained to the above child receiving any medical or surgical treatment deemed necessary by a qualified practitioner or to first aid being administered.

Signed: _____ *Parent/Guardian* Date: _____