Personal Information Form

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

School: Alkrington Primary School

Course Dates: 03-Dec-18 **to:** 05-Dec-18 **Activity Centre:** Dobroyd Castle, Todmorden

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

Hobbies / Interests: _____

Name, Address & Telephone Number of Parent / Guardian:

_____

_____ **Post code:** **Tel No:** _____

Alternative emergency contact number: _____

Medical and other details

Please give details of any condition from which your child suffers ie. illness, allergies, 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?
(please give date of last injection) _____

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

Name, address and telephone number of G.P. _____

_____

Does your child have any dietary restrictions e.g. 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 medical practitioner or to first aid being administered.

Signed: _____ **Parent / Guardian** **Date:** _____

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