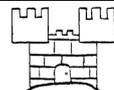


# Castle Hill School



## Residential Visit Medical Consent Form

Information given in this form will only be released to those responsible for the care of your child on a residential visit. Please answer as fully as you can and continue over the page if required.

Name of child..... Date of Birth.....  
 Home Address..... Name of Family Doctor.....  
 ..... Doctor's Contact no.....  
 ..... Daytime Contact no. 1.....  
 ..... Mobile Phone Number.....  
 Postcode..... Parent's/carer's name.....

1. Please give details of any dietary needs or allergies e.g. vegetarian, or food allergies to nuts, chocolate, dairy produce. Please also include other allergies such as asthma, hay fever or penicillin.

2. Does your child have any physical disability or long term medical illness? e.g. diabetic or heart defect. If medication is required please state medicine, dosage and administration frequency.

3. Does your child have any short term illness requiring medication, ie infections, tummy upsets or travel sickness. **If medication is required during the residential please state medicine, dosage and administration frequency. Give medication directly to the teacher clearly labelled.**

4. Please use this space to tell us of any other factors which you feel we will need to know in order to take care of your child appropriately. e.g. toileting, enuresis (Bed wetting) social, emotional or religious factors.

5. **IMPORTANT NOTICE:** In the event I cannot be contacted, I agree to the group leader giving consent on my behalf for an anaesthetic to be administered and for any other urgent medical treatment to be given. In addition I agree to the administration of lesser medicines being administered, ie Piriton or Calpol by group leader if felt necessary.

Signed..... Dated..... Relationship to Child.....

Please give all medicines required on the trip to the group leader. Kindly ensure that they are well labelled with your child's name, dosage and frequency.