

School Journey Medical Form 2022

Please fill in the details below for the School Journey trip 2022

Child:

Class:

Your Declaration

I give consent for my child to take part in School Journey.

I agree to my child receiving prescribed medication as instructed below.

I give my consent to Calpol being administered if necessary. (Please indicate if you do not agree.)

If a situation arises where a child has had an accident, the parent/guardian will be contacted. In the event of a real emergency, any decisions for treatment will be taken by the medical professionals. Teachers will not be making decisions for medical treatment.

Emergency Contact Details for the week:

This will be the parent or guardian (please provide two numbers if possible).

Emergency Contact Name:

Number:

Doctors Details

This information is needed if we have to take your child to the doctors or hospital.

Doctor's Name:

Doctor's Address:

Medical Information

Please indicate below details of medicines, tablets or creams that **will** be needed or **may** be needed on school journey, (e.g. Hayfever tablets, asthma pumps, travel sickness tablets etc.) and when they should be taken.

Any allergies or special dietary requirements (we need to tell the centre in advance).

Any other information you feel is relevant for a smooth running of school journey. Any information given will be kept in strict confidence.

Signed (Parent/Guardian):

Date: