

CONFIDENTIAL

HJS MEDICAL INFORMATION SHEET
Croft Farm residential visit: June 2024

In order for us to update our medical records, we would be grateful if you could provide us with the following information or any personal information that might be relevant. These forms will be taken with us and held securely, in case of an emergency. If anything changes between when you submit the form and we leave for our trip, please ask for an additional form to complete.

Child's name:		Date of Birth:	
Home Address :			
Contact phone numbers:			
Contact 1:	Contact 2:	Contact 3:	
Does your child suffer from asthma, diabetes, migraine, epilepsy or any other illness or disability?			Yes/No
If yes, please give details and their treatment/care plan:			
Is he/she allergic to anything (e.g. antibiotics, elastoplast, aspirin or any such medicines, any particular food etc.) or is he/she actively sensitive to penicillin?			Yes/No
If yes, please give details and their treatment/care plan:			

Is he/she receiving any medical treatment not already covered overleaf?	Yes/No
If yes, please give details and their treatment/care plan:	
Is there any other information we need to know?	Yes/No
Are all vaccinations etc up to date?	Yes/No
Date of last tetanus vaccination if known:	
Name and Address of child's Doctor:	
I give permission for a member of school staff to give my child an age-appropriate dose of paracetamol (Calpol six plus) if necessary	Yes/No
Parent/carer's signature:	
Date:	

Please return all forms by Friday 24th May 2024.