Norwood Primary School - Burwell Residential Visit Emergency and Medical Details

1) PARENT/CARER CONTACT DETAILS

Child's Name		
Daytime Contact Number	Name	Address
1.		
2.		
Daytime Contact Number	Name	Address
1.		
2.		
Daytime Contact Number	Name	Address
1.		
2.		

2) MEDICAL DETAILS

Doctor's name and address					
Does your child suffer	Hay fever/eczema	Bed wetting			
5	,	5			
from any of the following?	Travel sickness	Headaches			
Please tick	Sleep walking	Allergies			
	Asthma	Other			
If you have indicated any of the above, please give details below.					

Will your child need to be taking any medicine during his/her stay? If yes please give details of type, dosage and frequency.

Medicines/inhalers/travel sickness tablets etc. (return journey) should be clearly marked and handed to Mrs Sprouse for safe keeping.

In the event of an accident, I give permission for my child to receive medical treatment				
Signed	Parent/Carer			
I	_ the parent/carer* of	consent to my son/daughter*		
taking part in the range of educational activities provided at Burwell to take place between 29 th				
April -1 st May 2019				
Signed	Parent/Ca	rer		

Other Details

1) DIETARY REQUIREMENTS

If your child has special dietary needs, Burwell will cater for them with food as similar to the main meal as is possible. Burwell can cater for most special diets if given enough warning and information. If your child requires <u>any</u> special diet, please inform us of their requirements below. Please note, this sheet is for allergies, intolerances and special diets, **not for items which course participants just don't like to eat!**

Vee	NLa	
res	INO	If yes give details
	Yes	Yes No

2) ADDITIONAL IMPORTANT INFORMATION

If there is any additional important information you would like us to know, please list in this box.