

ST JOHN'S C OF E PRIMARY SCHOOL, DANBURY

MEDICAL FORM

Child's name

Date of birth

Home address

.....

Post code

Home telephone number (including code)

Mobile numbers

Work numbers

Doctor's name and address

.....

Surgery telephone number

Allergies

.....

Please specify any medication to be taken during the visit including the dosage and time of administration (include hay fever medication)

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My child does/does not get travel sick.

I give permission for the staff to administer calpol fastmelts/child nurofen sachets to my child where necessary during this educational visit.

I give permission for the staff to oversee any medical needs for my child during this educational visit.

Signed (Parent/Guardian)

N.B. Any medication being taken on a regular basis with written instructions MUST be handed in on the morning of our departure. If you suffer from travel sickness please ensure that you have taken the appropriate medication before leaving. Medication for the return journey must be handed in on the morning of our departure.