



Confidential

Crowmarsh Gifford C.E. Primary School
 Old Reading Road, Crowmarsh Gifford, Wallingford, Oxfordshire OX10 8EN
 Tel: 01491 836785 email: office.3200@crowmarsh-gifford.oxon.sch.uk

Name of Child		
Home Address		
Emergency Contact Telephone Numbers:	Day:	Night:
Parents/Guardians' Names		
Please give details of any medical conditions or prescribed medication which the teacher should be made aware of		
Date of last tetanus immunisation		
Child's National Health number		
Name, address & phone of family doctor		
Is your child allergic to anything, e.g. antibiotics, food or drugs?	<i>If so, please give details.</i>	
Does your child have any special dietary needs?	<i>If so, please give details.</i>	
Does your child have any mobility difficulties?	<i>If so, please give details.</i>	
Is there any other information which the party leader should know about?	<i>If so, please give details.</i>	

I will inform you if my son/daughter has been in contact with any infectious disease within three weeks prior to the event.

If it becomes necessary for to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this: **I hereby give my general consent to any necessary medical treatment and authorise the party leader to sign any document required by the hospital authorities.**

Signature of parent/guardian

Date

Please continue to provide details on the reverse of this form if necessary

Year 6 Isle of Wight Residential Visit 16th – 20th July 2018