WALSALL METROPOLITAN BOROUGH EDUCATION COMMITTEE

HEALTH FORM - VISITS INVOLVING ONE OR MORE NIGHTS AWAY FROM HOME

SCHOOL .....

The ***Alton Castle Residential*** Activity

Name of Pupil ..... D.O.B .....

Home Address .....

..... Tel No: .....

Family address and/or telephone number to contact during activity:

Place of work ..... Home .....

Name and Address of your own local doctor (GP) .....

..... National Health No: .....

Has your child been in contact with any infectious disease within the last month, including 'flu'? Please give details:

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Is he/she allergic to anything? (e.g. paracetamol, antibiotics, any particular food or drugs). If so please give details.

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Does your child suffer from: asthma, hay fever, migraine, fits, travel sickness, diabetes or any illness or disability? If so, please give details:-

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Does he/she need a special diet? .....

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Is he/she receiving any medical treatment at present? If so, please give details of treatment and medicine, etc. (These must be handed to the Teacher in Charge).

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Date of anti-tetanus injection .....

May he/she, under proper supervision, take part in: .....

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..... YES/NO

(Teacher to state activity)

Please tell us if your child wets the bed YES/NO

Any other information you think may be important: .....

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Signature: ..... Date: .....

EMERGENCY PERMISSION

I hereby authorise Mrs. Heenan to give permission to the doctor in charge to give whatever treatment is considered necessary for my son/ daughter.

Signature: ..... Date: .....

(The teacher will make every effort to contact you if this emergency arises)