

****To be returned to school by Friday 15th September****



Pupil Medical and Dietary Information

Please take your time completing this form and ensure that all sections are completed. It is vital that we the following information with regards to your child taking part in the residential visit

1. Pupil information

Child's name:

Date of birth:

2. Medical information (e.g. allergies, any medication required)

If this does not apply, please put 'none' in the box below

3. Dietary information

If this does not apply, please put 'none' in the box below

****Please turn over****

4. Learning/Behavioural difficulties

If this does not apply, please put 'none' in the box below

Will this affect their ability in activities? If yes, please provide further details

5. Water confident (can swim 25 metres without the use of water aids e.g. arm bands)

Yes

No

Parent/Guardian name:

Parent/Guardian signature:

Emergency contact number(s):

Date: