

PLEASE COMPLETE THIS FORM for our Year 5/6 camp

And return to the classroom teacher

Health

Name:..... **Room :**

Please underline anything in this list from which your child suffers and give the class teacher the necessary information. If you wish to discuss any of these in confidence with the class teacher please contact the school

- Asthma
- Sting allergies
- Hayfever
- Food allergies
- Special Dietary Requirements.....
- Bed wetting
- Sinus trouble
- Sleep walking
- Other

Please provide details below:

Problem	Treatment	Medication Sent

NOTE: If tablets or medication are to be sent, they should be in a small bottle labelled with the child's name and dosage. **THE TABLETS ARE TO BE GIVEN TO THE TEACHER IN CHARGE** and will only be given under written instructions from parents.

I give permission for paracetamol syrup to be given if required under medical supervision Yes / No

Tetanus Injections: **Received / Not received**
Approximate date of injection

Please be aware that we will have medical staff or qualified first aiders, on this trip.

Signature