

KINGS LANGLEY PUBLIC SCHOOL

Year 5 Bathurst / Hill End Excursion

Consent and Medical Form

(To be treated as confidential by the school)

Please complete the following student information:

Student's Name: _____

Home Phone No.: _____ **Business Phone No.:** _____

Mobile Phone No: _____

Other Contact Name: _____ **Phone:** _____

MEDICAL PROBLEMS (e.g. Allergies, asthma, skin conditions, diabetes, epilepsy, adverse reaction to drugs):

Medication brought on the excursion should have your child's name, dosage and dosage times clearly marked. Only medication in the child's name will be given.

Medically restricted foods: _____

Approximate date of last tetanus injection: _____

Do you have any personal requests regarding our care of your child? (Travel sickness etc.)

In the event that your child should require medical attention, it would assist if you could supply the relevant health insurance information: