

JOTMANS HALL PRIMARY SCHOOL
High Road, Benfleet, Essex. SS7 5RG

School Holiday Contacts and Medical Form

Pupil's Full Name.....

Date of Birth National Health No.*.....

Parents/Guardians Names

Home Address

.....

Home Telephone No. Work Telephone No.

Mobile No.

Contact Name and Telephone No.

.....

Doctor's Name, Address and Tel. No.

.....

Any Medical Condition

Any allergies to food, medicines or other?

Date of last tetanus immunisation

Medication (to be handed to accompanying staff member)

Instructions on dosage (etc).....

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Any Special Dietary Requirements?.....

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Any other information that should be noted?.....

Please advise us prior to departure if your child has been in contact with any infectious diseases in the three weeks before the trip.

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 adult in charge of the school group to sign any document required by the hospital authorities.

It is essential that we have details of your child's National Health No in case medical treatment is necessary.

Signed Parent/Guardian Date

To be completed and handed back to the School office by Friday 10th June 2016