

Personal Information Form

Please complete and return this form to the teacher in charge of your trip to Carlton Lodge.
All information will be treated as confidential

School:

Course Dates: to:

Activity Centre:

Name of child:

Boy / Girl Date of Birth:

Hobbies / Interests:

Name, Address & Telephone Number of Parent / Carer:

Post code:

Tel No:

Alternative emergency contact number:

Medical and other details

Please give details of any condition from which your child suffers ie. illness, allergies, physical needs, visual or hearing impairment etc.

Please give details of any medication your child requires:

Name of medication

Dosage

Frequency

Is your child immunised against tetanus?
(please give date of last injection)

Does your child suffer from enuresis (bed-wetting)?

Name, address and telephone number of G.P.

Does your child have any dietary restrictions e.g. Vegetarian, halal or coeliac? Please give details here:

Any other details that you feel are relevant can be given on the reverse of this form - Thank you.

I consent, if an emergency should occur at a time when my consent cannot otherwise reasonably be obtained, to the above child receiving any medical or surgical treatment deemed necessary by a qualified medical practitioner or to first aid being administered.

Signed: _____ Parent / Carer

Date: _____