

HONYWOOD SCHOOL EMERGENCY INFORMATION FORM FOR

In the unlikely event of an emergency occurring, it is important that we are able to contact the parents/carers of youngsters attending the trip.
 To ensure we have the correct information **please complete and return ASAP**

NAMELEARNING GROUP.....

Name and address of Parent/Carer _____

 Telephone Numbers
 Day _____ Evening _____
 Mobiles _____
 Your address and telephone number at time of trip if different to above
 Name and telephone number of Doctor _____

Does your youngster require a special diet eg. Vegetarian?
 Please give details.
 Is your youngster is allergic to any particular foods or medicines?
 Please give details.

For those with Epipens—I confirm by signing below that my youngster will be carrying an in date Epipen (s) on this trip. Your youngster’s group leader will carry the spare Epipen(s) and protocol held in school. It is the responsibility of parents/carers to ensure that medication is up to date.

For those with asthma inhalers—I confirm by signing below that my youngster will be carrying the following inhaler(s) on this trip. The school will provide groups leaders with spare inhalers held in school. It is the responsibility of parents/carers to ensure that medication is up to date.
 Name of medication and instructions:

If your youngster has any medical or other problems such as sleep walking, bedwetting, please would you indicate below. This will, of course, be in strict confidence. If required please return this form in an envelope marked Mrs Nichols, Learner Reception, Emergency Information – Confidential.
 Continue overleaf if necessary

It is vital that we are aware of any medication taken by your youngster on a regular basis.
 Please give details below of medication and instruction for use. Please update us before departure if necessary

Condition _____	Medication _____
Instructions for use _____	
Condition _____	Medication _____
Instructions for use _____	
Condition _____	Medication _____
Instructions for use _____	

Continue overleaf if necessary

I authorise members of staff during the course of the visit to approve such medical treatment for my youngster as is deemed necessary in an emergency on the advice of a qualified practitioner.
 At our discretion may we administer Paracetamol/insect bite relief cream to your youngster? YES / NO
 Signed _____ Parent/Carer Date _____