

Personal Information Form

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

School: Unsworth Primary School
Course Dates: 20-Sep-17 to: 22-Sep-17 Activity Centre: Dobroyd Castle, Todmorden
Name of child: _____ Boy / Girl Date of Birth: _____
Hobbies / Interests: _____
Name, Address & Telephone Number of Parent / Guardian:

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 disability, 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 practitioner or to first aid being administered.

Signed: _____ Parent / Guardian Date: _____

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