



MONTSAYE ACADEMY

1. **Details of visit to:** Chateau du Broutel – Monday 15 October to Friday 19 October 2018

I agree to _____ (name)

taking part in this visit and have read the information sheet.

2. **Medical information about your child**

a. Any conditions requiring medical treatment, including medication? YES/NO
If YES, please specify

b. Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

c. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? (please update in September if necessary)

YES/NO

If YES, please give brief details:

d. Is your son/daughter allergic to any medication?

YES/NO

If YES, please specify:

e. When did your son/daughter last have a tetanus injection?

I will inform the Group Leader as soon as possibly of any changes in the medical or other circumstances between now and the commencement of the journey.

3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Work: _____ Home: _____

Home address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Name of family doctor: _____ Telephone number _____

Address: _____

Signed: _____ Date _____

Full name (capitals): _____
