

Pegasus Academy Trust

Isle of Wight 8th July – 12th July 2019

For insurance purposes and in case of emergency, please complete the details below fully. All questions must be answered. **Please return this sheet to school by Friday 7th June.**

Child's first name: _____ Surname: _____

Date of birth: _____

Home address (including postcode): _____

Home telephone number: _____

Mobile telephone (if applicable): _____

In an emergency, who may we contact if you are not available?

Name: _____

Telephone number(s): _____

Doctor's name and address: _____

Doctor's telephone number: _____

Please write any medical information of which the staff should be aware:

_____ (include asthma)

Has your child been hospitalised in the past six months? **Yes/No**

Does your child have any allergies? (include allergies to certain food, medicines, hay fever etc):

Does your child have any dietary needs?

Is there anything else you think we need to know?

Sometimes children have headaches while we are away. Are you happy for us to administer a dose of Calpol, if required, without further contact? **Yes/No**

Medication form

Please complete this form if your child takes any type of medication and hand in by **Friday 7th June** please.

If your child takes more than one type of medication please complete as many additional tables as needed.

Child's name:	
Medication name:	
How often:	
How much:	

Medication name:	
How often:	
How much:	

Medication name:	
How often:	
How much:	