



# TOWN CLOSE SCHOOL

NORWICH'S FINEST PREP SCHOOL • FOR GIRLS & BOYS • 3-13 YEARS

## MEDICINE FORM (H) RESIDENTIAL TRIP MEDICAL CONSENT AND INFORMATION

NAME OF CHILD: .....

### DIETARY AND MEDICAL INFORMATION

My child has special dietary requirements YES/NO

My child is a vegetarian YES/NO

My child has an allergy YES/NO

My child is taking prescribed medication YES/NO

My child is vaccinated against tetanus YES/NO

Please give details of any medical conditions or requirements the party staff should be aware of (enclose letter if necessary)

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**Please indicate overleaf if you think there is anything else we should be aware of, e.g. bed-wetting, night terrors or sleepwalking**

I authorise a member of staff/medical staff to take the necessary action on my behalf to treat or safeguard my child. I understand the Town Close staff will contact me as soon as possible in the event of an emergency.

Name of Parent: .....

Signature of Parent: .....

Date: .....