



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:

The following medication will be carried by the trip first aider. Please tick yes or no to indicate your consent:

Medication	reason	Yes	No
Paracetamol liquid/tablets	period pains, headaches, fever / high temperature, sore throats		
E45 cream	Sunburn / heat rash		
Cetirizine 10mg – non drowsy antihistamine	insect bites, nettle stings or nettle rash, mild allergic reaction		
Hyoscine Hydrobromide tablets e.g. Kwells for Kids, dosage administered according to the instructions on the packaging. half to one tablet Note: <i>may cause drowsiness; not suitable for children with epilepsy.</i>	Feeling unwell during the journey / vomiting due to travelling		

My child has the following special dietary requirements:

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My child has the following allergies:

.....

When was your child vaccinated against tetanus?

Please give details of any medical conditions or requirements staff should be aware of e.g. bed-wetting, night terrors or sleepwalking (enclose letter if necessary)

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Please turn over

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:

Please complete the following advanced passenger information if your child is attending an international residential trip:

Full name as it appears in passport:	
Date of Birth:	
Passport Number:	
Nationality:	
Country of passport issue:	
Country of residence:	
Passport start date:	
Passport expiry date	