



St Joseph's Preparatory School

Prep 5 Annual Residential Visit to Alton Castle

ALL THE FOLLOWING INFORMATION WILL BE TREATED AS CONFIDENTIAL

Personal Details

Child's Last Name:	Child's First Name:
Date of Birth:	Form:
Home Address:	
Home Telephone Number:	
E-Mail Address:	
Place where you can be contacted during the day:	Telephone Number:
Place where you can be contacted during the evening:	Telephone Number:
Alternative Emergency Contact (Name and Address):	Telephone Number:
Security Password for your Child:	

Medical Details

Name and Address of GP
GP's Telephone Number
Child's National Health Number

Does your child suffer from any of the following (please tick)

<input type="checkbox"/> Travel Sickness	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Migraine
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Any other allergies (please give details below)
<input type="checkbox"/> Enuresis (bed wetting)	<input type="checkbox"/> Any other complaint (please give details below)
<input type="checkbox"/> Asthma	
Additional Information (Medical)	
If your child has a minor illness i.e. headache, cold etc do you agree that Calpol can be given by the staff. Only Sugar Free Calpol (6-12 years) will be administered. Please sign below.	
I give my consent for Calpol to be administered: _____ (Parent)	
Does your child have any special dietary requirements or any food allergies? (If yes, please give details)	
When did your child have an anti-tetanus injection?	
Sport / Physical exercise: does your child suffer from any complaint or ailment that will cause difficulty when partaking in strenuous walking or sport? (If yes, please give details).	
Any Other Information	

I agree to my son/daughter receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: _____ (Parent/Guardian) _____ (Date)

Please return this form to School Office by 1st April with your final balance which will be due. Thank you for your prompt response.

REMINDER: PARENTS ALTON CASTLE RESIDENTIAL MEETING WILL BE HELD ON 13TH MAY AT 7PM IN SCHOOL (The meeting should approximately take 30 minutes)