

Years 5 - 6 The Mill Adventure Base Residential Trip 2019

Section 1: Telephone (the number on which we can immediately contact you)

Child's Name _____

Name of Contact: _____

Telephone Number 1) _____

2) _____

Section 2: Medical Details (including dosage)

- I **do/do not** give permission for my child to be administered **Calpol** if the need arises.
 - I **do/do not** give permission for a member of Hollygirt staff to administer my child's medicine.
- or
- My child will administer their own medicine under staff supervision.

Section 3: Dietary Information (This only refers to specific medical or religious requirements).

Signed _____

Date _____