



Pupil information sheet for Residential to West Runton 23rd – 25th June 2021

Please return this form as soon as possible

Name of child

Date of Birth

Home address

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Name of parents

Name of Doctor

Contact numbers

.....

Is your child under medical treatment or taking medication? If so please give details.

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Is your child allergic to Calpol?

Has your child any allergies? Please give details:

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Should your child suffer from a minor illness (i.e. headache), please give permission below for Miss Morris or Mr Dow to administer Calpol as required.

Does your child need a special diet? Please give details:

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.....
Does your child wet the bed? Regularly/occasionally/never

I give permission for Miss Morris or Mr Dow to administer Calpol to my son/daughter as required.

I give permission for Miss Morris to act in the position of 'loco parentis' for my son/daughter should any medical problems arise during his/her visit to The Kingswood Centre, West Runton, Norfolk, 23rd – 25th June 2021.

Signed Parent/Guardian

Date