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Year 3 Sleepover – Friday 16th to Saturday 17th November 2018 (7 pm to 9 am)

Medical and Personal Information Form

(Please return to school office by Monday 5th November 2018)

Pupil's Name: _____ Class: _____

Name of Emergency Contact 1:

Phone Numbers :

Relationship to pupil:

Name of Emergency Contact 2 :

Phone Numbers :

Relationship to pupil:

Medical Information: Please give details of any medical needs your child has and medication they will need to be given.

Food allergies:

Please tick and initial each box if you give permission for your child to be given the following items below by a staff member should a need arise:

Calpol

Plasters

Antihistamine

Other

Signed:

Date :