

Bawdsey Manor PGL residential trip

Child's name: _____

School: Great Barford C of E Primary

Date of residential trip: 1st July – 5th July

Section A: Medical needs

Medical needs:

Medicine required:

How often to be taken: _____

Time to be taken: _____

Further instructions: _____

Please provide the medicine/tablets/cream in the prescription labelled box given with instructions and dosage. We must have the prescription labelled box otherwise these cannot be administered. (Travel tablets and paracetamol can be given without prescription but must be clearly labelled with child's name).

Section B: Dietary requirements

Dietary intolerance: _____

Foods that cannot be eaten: _____

Further information about requirements/intolerance:

Section C: Allergies

Is your child allergic to any medication? _____

Parent/carers signature: _____

Date: _____