



**THE ST LAWRENCE ACADEMY
MEDICAL & PERMISSION FORM**



NAME OF STUDENT YEAR/TUTOR

1. I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO GO ON THE ABOVE TRIP.

2. MY CHILD IS ENTITLED TO A FREE SCHOOL MEAL.....YES / NO.....

3. DETAILS OF ANY MEDICAL CONDITIONS OF YOUR SON/DAUGHTER.....

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4. ANY MEDICATION CURRENTLY BEING TAKEN (INCLUDING INHALERS AND TRAVEL SICKNESS TABLETS) TOGETHER WITH THE DOSAGE INSTRUCTIONS

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5. DETAILS OF ANY DIETARY REQUIREMENTS FOR YOUR SON/DAUGHTER.....

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6. NAME AND TELEPHONE NUMBER OF AN EMERGENCY CONTACT ON THE DATE OF THE TRIP. THIS CAN BE A PARENT, CARER, OTHER RELATIVE, FRIEND OR NEIGHBOUR. (PLEASE SPECIFY THE NAME & RELATIONSHIP)

NAME: RELATIONSHIP:

HOME: WORK:

MOBILE: OTHER:

EMAIL:

7. STUDENT MOBILE TELEPHONE NUMBER

8. DOCTOR'S NAME, ADDRESS AND TELEPHONE NUMBER

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9. ANY OTHER INFORMATION YOU FEEL MAY BE NECESSARY FOR THE STAFF TO KNOW

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(NB: FAILURE TO DISCLOSE ANY OF THE ABOVE INFORMATION MAY PREVENT YOUR SON/DAUGHTER FROM GOING ON THE TRIP)

SIGNED DATE
(PERSON WITH PARENTAL RESPONSIBILITY)

NAME IN BLOCK CAPITALS