



Year 4 Residential trip to Folly Farm

LIME CLASS
18 - 20 March

ROWAN CLASS
20 - 22 March

Individual Information Form

Please complete the sections below detailing medical and dietary requirements, along with emergency contact information for your child whilst away at Folly Farm. Please return to the school office by Thursday, 14 February.

Full Name			
Date of Birth			
Address			
Emergency Contact	Daytime Tel No	Evening Tel No	Mobile No
Doctor			Dr Tel No
Medical Conditions, allergies or significant disabilities (e.g. asthma, diabetes, heart condition, previous injuries etc.) Give details of any medication needed.			
I give my permission / do not give permission* (delete as required) for my child to be given Calpol or Piriton, if necessary, whilst they are away on the trip.			
Special Dietary needs (e.g. vegetarian, food allergies)			
Overnight concerns (e.g. sleep walking)			
Any additional information we may need to know			

Signed: _____

Date: _____