



Weekend Away
26-28 October 2007
Lendrick Muir

Name of Child: _____

Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

Contact Address (if different from above): _____

Tel no: Day _____ Eve _____ Mobile _____

Name of GP: _____ Tel no: _____

Address: _____

NHS No: _____ Date of last anti-tetanus injection: _____

Details of any illness/disability: _____

Details of any medication required during weekend (all medication to be labelled clearly with name and dose needed each day)

Details of any allergies or special dietary requirements: _____

CONSENT

*In an emergency if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic. (Please circle) **YES / NO***

Signed (Parent / Guardian) _____