



MEDICAL / EMERGENCY CONTACT DETAILS:

Name of child

is prescribed an inhaler for asthma by the doctor: **YES/NO** (delete as applicable)

If **YES**, the inhaler must be brought on the visit.

Any other medical condition: **YES/NO** (delete as applicable)

If **YES**, give details:

I consent to my child having Calpol, or similar branded medication, administered by a member of staff should the need arise. **YES/NO** (delete as applicable)

Name/Address/Telephone Number of two people who can be contacted in case of emergency **on the day of the visit.**

1. Name:

Address:

Telephone No:

2. Name:

Address:

Telephone No:

Signed:

Date:

