



**ILKLEY GRAMMAR
SCHOOL**

**CELEBRATION DAY: Wednesday 21st July 2010
CONFIDENTIAL MEDICAL FORM & PERMISSION SLIP**

(Essential information to assist Doctors/Hospital when treating medical emergencies)

Dates

ACTIVITY: CELEBRATION DAY

Surname :.....

Forename: (M/F)

Tutor Group :.....

Age: D.O.B.....

Home Address:

.....

Post Code:

Parent/Guardian Name:

Home Tel:

Emergency Contact: Day : Tel:

Emergency Contact: Night : Tel:

Doctor's Name & Address

Tel:

Special Dietary Requirements:

.....

Please give details of any recent injury, or illness (requiring medication), suffered by your child:

.....

If your child is currently taking medication on the advice of a Doctor please give details:

.....

Please give details of any known problems that you feel we should know about e.g. sleepwalking:

.....

- I will inform the school if there is any change to the above information.
- I understand that whilst every effort will be made to contact me in an emergency this may not be possible and I am willing for my child to receive emergency medical treatment and for the teachers acting in *loco parentis* to sign any necessary consent.
- I declare that the information given above is accurate to the best of my knowledge.
I give consent for Paracetamol to be administered to my child should the need arise

(Please tick the box)

Signature of Parent/Guardian:Date:

Print name of Parent/Guardian:

Celebration Day July 21st 2010: Permission Slip

I give my permission for my child..... to participate in Celebration Day

Their choices of activities are:

1st	
2nd	
	←Please tick here if your child opts for 'In School Activities'

*** If your child has opted to go to Xscape, please tick chosen activity:**

Ski: Beginner/Intermediate

Open Practice (experienced skiers only)

Snow Board: Beginner/Intermediate

Please ensure the above medical section and permission slip

are completed before returning to Mrs Cavaliere in the reception office