

**PERMISSION, MEDICAL INFORMATION AND DIETARY NEEDS**

Tick if relevant:

**Allergies**  Medication required

Allergy to: \_\_\_\_\_

Medication name & dose:

\_\_\_\_\_  
\_\_\_\_\_

**Asthma**  Medication required

Medication name & dose:

\_\_\_\_\_  
\_\_\_\_\_

**Other condition**  Other medication required

Medication name & dose:

\_\_\_\_\_  
\_\_\_\_\_

**Permission to Administer Paracetamol**

I authorise the staff of BPPS to administer paracetamol to my child.

I understand that the medication will be given as per instructions on the packaging and at the discretion of the staff.

I request that \_\_\_\_\_ tablet(s) or \_\_\_\_\_ mL liquid be administered to my child.

**Dietary Requirements/Food Allergies**

Allergy: Yes  No

Special Dietary Needs: Yes  No

Please describe your child's allergies and/or special dietary requirements.

*Please note this refers to religious requirements/allergies; **not** fussy eaters.*

\_\_\_\_\_

**PARENT / GUARDIAN CONSENT**

I have read and understood the information regarding participation at the **2024 Yr 6 Camp – Forest Edge**.

I give consent for my son/daughter \_\_\_\_\_ in LA \_\_\_\_\_ to attend.

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to attend to such medical treatment as may be considered necessary. I am aware the Department of Education and Training Insurance does *not* cover personal accidents through misadventure nor loss or damage of personal belongings.

Child's name: \_\_\_\_\_ LA: \_\_\_\_\_

Parent/Carer 1: \_\_\_\_\_ Parent/Carer 2: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent sign: \_\_\_\_\_ Parent sign: \_\_\_\_\_

