

**Braeside Residential 2025 - Medical Consent Form**

**Please complete and return to school.**

Child's name: ..... Class: .....

Home telephone number: .....

Emergency contact number (24 hours): .....

Other contact numbers: .....

Name/telephone no. and address of doctor: .....

Any food allergies (please specify): .....

.....

Any specific dietary requirements e.g. vegetarian: .....

Details of any medication to be taken: .....

.....

.....

**Medicines – Any medication being taken by your child should be given to the class teacher, along with full written instructions on the morning of departure.**

If your child suffers with travel sickness, please remember to give any medication in time in the morning for the outward journey and enclose some for the return journey.

Any other information you think it would be helpful for us to know: .....

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**Authorisation for Emergency Treatment**

If my child requires any emergency treatment and staff are unable to contact me on the numbers provided, I authorise the adult representatives from Paxcroft School to obtain and follow medical advice. I understand that this could include authorising an operation.

Signed: .....

Print: .....

Date: .....

**PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE BY **FRIDAY 10<sup>th</sup> OCTOBER****