

# SPRING GROVE PRIMARY SCHOOL

## Personal Information

Visit to Sayers Croft  
26<sup>th</sup> – 30<sup>th</sup> September 2016

Child's Name \_\_\_\_\_

Would you please list below any foods that your child cannot eat for either religious reasons, allergic reactions or he/she is a vegetarian / Halal / Other:

Please list below any medical conditions that your child suffers from and/or any medication that they will need during school journey week:

Has your child been treated for any heart/circulatory/stroke/high blood pressure/breathing/cancer/diabetic conditions?

In the last 2 years has your child been treated for any serious and recurring medical condition, or asked to take any preventive medication or referred to a specialist.

Please note any fears and anxieties plus any sensitive issues we need to know about your child, e.g. fear of the dark, sleepwalking, bed wetting:

Does your child suffer from travel sickness and will they need travel sickness tablets? Let us know if your daughter is due to have her period during school journey week.

List below **3** emergency contact numbers:

	Name & Relation to child	Address	Telephone number
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>