

+ + Medical Form + +
Year 3 Sleepover - Friday 6th July 2018

I give permission for (name of child): _____

Class: _____ to attend the Year 3 sleepover.

Please ensure your child has been inoculated against tetanus, valid for the time of the sleepover.

1. Has your child any allergies? Please give details below. Yes/No
a) to food b) to any tablets or medicine
c) to plasters d) any others

2. Does your child have any dietary requirements? eg. medical/religious. Yes/No
(please give details)

3. Is your child an asthma sufferer? (if yes please bring 2 inhalers) Yes/No

4. If it is necessary may we give your child – Yes/No
sun cream protection? Yes/No
Calpol? Yes/No
Antihistamine cream? Yes/No

5. Has your child ever fainted? Yes/No

6. Does your child regularly wet the bed? Yes/No

7. Does your child regularly sleep walk? Yes/No

8. Does your child take any regular medication during the day or night? Yes/No
(please give details)

9. Any other relevant details.

Signature of parent: _____ Date: _____

Emergency contact no: _____

Please could you return this form by Friday, 15th June 2018.