**Confidential Medical and Emergency Contact Details**

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Details (**in priority order left to right**)**

|  |  |  |  |
| --- | --- | --- | --- |
| Mr/Mrs/Miss/Ms |  |  |  |
| Relationship to child: |  |  |  |
| Occupation |  |  |  |
| Daytime Address |  |  |  |
| Daytime phone no:Mobile: |  |  |  |
| e-mail address: |  |  |  |

**Medical Information** Has your child had any of the following? (Please tick)

|  |  |
| --- | --- |
| Asthma or bronchitis | Allergies to any known drugs or medication |
| Heart condition | Any other allergies e.g. food/ insects bites |
| Fits, fainting or blackouts | Other illness or disability |
| Diabetes |  |
| If you ticked any of the above, please provide details here: |

In the event of accident or illness, I consent to my child being taken to hospital and/or receive any emergency treatment necessary.

I will inform Peregrinate Ltd. immediately if any of the information I have provided changes.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child\_\_\_\_\_\_\_\_\_\_