

**Cedar School Medical Form for Residential Trips.**  
**Avon Tyrrell 2022**

<b>Name of child:</b> DOB: Address:     Postcode: Telephone:	<b>GP Details:</b> Name: Address:     Postcode: Telephone:	<b>Next of Kin/Emergency contact details:</b> Name: Relationship: Address:     Postcode: Telephone:	
<b>Disability:</b> <div style="height: 40px;"></div>			
<b>Regular medication (include times and dosage), inhalers, feeds etc.</b>			
Medication	Dosage	Times <i>(if appropriate)</i>	Other Information

**Allergies, including reactions and symptoms (put 'none' if none known)**

**Current injuries or medical treatment and other relevant information**

**In the event of illness or accident I consent to any necessary medical treatment which may include the use of anaesthetics**

Signed:

Print name:

Date:

**I confirm the above details are correct and that I will inform the school immediately of any changes**

Signed:

Print name:

Date:

Please use the back of this page to add any additional information you feel may be useful for us. (Sleeping routines etc.)