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Swanland Primary School Year 4 Cranedale Centre Visit

Thursday 27th March 2025 – Friday 28th March 2025

Medical and Personal Information Form

*(Please return to your child's class teacher **by Monday 24th February 2025**)*

Pupil's Name: _____ Class: _____

Name of Emergency Contact 1:					
Phone Numbers:					
Relationship to pupil:					
Name of Emergency Contact 2:					
Phone Numbers:					
Relationship to pupil:					
Doctor's name, address and phone number:					
Medical Information: Please give details of any medical needs your child has and medication they will need to be given.					
Dietary requirements/ allergies:					
Sandwich choice for packed lunch on Day 1. Please circle <u>one</u> of the following:					
<i>Chicken Mayonnaise</i>		<i>Ham</i>		<i>Hummus</i>	
<i>Tuna Mayonnaise</i>		<i>Strawberry Jam</i>		<i>Cheese</i>	
Please initial each box if you give permission for your child to be given the following items below by a staff member should a need arise:					
Calpol		Plasters		Antihistamine	
Signed: _____ Date: _____					