

ASTON HALL JUNIOR & INFANT SCHOOL

Church Lane, Aston, Sheffield, S26 2AX

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HEADTEACHER: Mr S Holmes WHITBY RESIDENTIAL MAY 2024 MEDICAL AND EMERGENCY INFORMATION Child's name Parent/Carers' name(s) Date of birth Town/country of birth Home Address Home Telephone Number **Emergency Contact 1 Emergency Contact 2** Dietary Requirements Allergies Asthma Needs Please note, a further form will need to be completed on departure when handing over medication Other Medical Information (e.g. travel sickness etc) Please note, a further form will need to be completed on departure when handing over medication Permission for paracetamol Yes Νσ (Calpol) to be given if needed Any further important information I give permission for the staff to act 'in Loco Parentis' in case of an emergency. Signed _____ (parent/guardian)



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