

Sayers Croft Medical and Dietary Form  
**SAYERS CROFT 19<sup>th</sup> – 21<sup>st</sup> MARCH 2025**

Please use this form to record all **medical** and **dietary** information for your child. If your child does require any medication please detail the dosage and timings on this form. On the morning of the trip you will need to sign in any medication with your child's class teacher. We *cannot* administer it without your signed consent.

**Name of child:** \_\_\_\_\_

**Child's class:** \_\_\_\_\_

**Will your child be bringing any medication to Sayers Croft? If yes, please provide details** (please remember to pack your child's medication in a clear plastic bag clearly stating details of dosage and timings).

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**Details of any food allergies? If they have an allergy please state the severity of it and what needs to be done if they have an allergic reaction. E.g. egg – causes a rash on their skin which will go down in an hour.** (does your child carry an epi-pen?)

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**Special dietary requirements** (vegetarian, religious reasons, etc.)

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**Date of last Tetanus injection** .....

**Any other comments** (any other medical needs or useful information about your child's medical needs, dietary requirements or any other needs – please let us know if they wet the bed/sleep in a nappy/suffer from travel sickness/sleep walk/sleep with white noise etc?):

**I consent to any emergency medical treatment necessary during the course of the visit.**

**SIGNED** ..... (Parent/Guardian)

**DATE** .....