

Medical declaration to be completed by child's parent

Child's Name:

Does your child have: <i>(Answer yes or no)</i>	If yes, please provide details including any treatment or medication required:
Asthma	
Any allergies	
Any skin conditions	
Hearing impairment	
Visual impairment	
Any learning disability	
Any physical disability	
Any medical conditions?	
Taking any regular medication(s)?	
Been to see or had a referral to a hospital consultant in the last 6 months?	
I confirm that I have parental responsibility for this child.	Signature of parent:
	Print Name:
Postal Address: <i>(if different from child)</i>	
Parent's Email Address:	
Parent's Telephone No.:	
Date:	

During production week students under 16 may wish to go out unaccompanied for lunch or dinner into Rickmansworth.

Do you give permission for this? *(Please Circle)*

YES

NO