

MEDICAL INFORMATION SHEET



Details of visit to: Bristol Harbourside Study Trip
Wednesday 18th March 2020

Return this form to your son/daughter's Geography teacher by Monday 10th February 2020

Student's Name: _____ Tutor Group _____

Contact details:

Parent's Name _____

Home Tel No: _____ Mobile No: _____

Email address: _____

Medical information about your child:

Any conditions requiring medical treatment, including medication YES/NO
If YES, please give brief details:

Does your son/daughter suffer from any allergies? Is he/she allergic to any medication? YES/NO
If YES, please give brief details.

Signed (Parent) _____ Date _____