

# GOLDEN VALLEY PRIMARY SCHOOL - YEAR 6 CAMP - 8<sup>th</sup> – 12<sup>th</sup> JUNE 2026

## MEDICAL INFORMATION FORM

Child's Name: ..... Class: .....

Please note that the school must be advised in advance of Camp if your child requires any medication, as medication CAN NOT BE ADMINISTERED without completed paperwork.

### Section A

Does your child require medication for travel sickness?

Yes / No (please delete accordingly)

If Yes we will send you a 'Parental Agreement for School to Administer Medication' form to complete.

### Section B

I give permission for my child to be given a paracetamol based medication (ie Calpol) for headache / slight fever

Yes / No (please delete accordingly)

### Section C

I give permission for my child to have antihistamine cream applied for bites/stings etc

Yes / No (please delete accordingly)

### Section D – please tick one

- I give permission for my child to have antihistamine medicine (eg: piriton) supplied by the school.
- I do not give permission for my child to have antihistamine medicine (eg: piriton)
- My child normally takes DAILY medication for hay-fever. Please send me a 'Parental Agreement for School to Administer Medication' form to complete. I will hand the medication to a member of staff on camp morning.

**Although many parents like to send their children off to camp with some sweets or chocolate for a treat, we would ask that your child does not bring packets of biscuits, crisps or big bags of sweets with them. However, there may be occasions where a treat is offered to the children and we ask for your consent to do this.**

I **do / do not** give permission for my child to receive sweets / ice-cream whilst on School Camp (please delete as appropriate)

Signed: ..... Date: .....

Print Name: ..... (Person/s with parental responsibility)