



Archbishop Ilsley Catholic School
Victoria Road, Acocks Green
Birmingham B27 7XY
Tel: 0121 706 4200 Fax: 0121 707 6597

Headteacher: Mr G Alexander

Year 7 Bushcraft Trip

Please complete the following information.

Name	Form:
Emergency Contacts Please give us the name and contact number of a responsible adult who we can contact in an emergency.	
Name:	Contact No:
Relationship	
Name:	Contact No:
Relationship	
Please answer the following questions:	
1) Does your child suffer from any existing medical conditions? Yes / No	
If yes, please give details	
.....	
.....	
2) Will your child need to take any medicines with them on the trip? Yes / No	
If yes, please give details:	
.....	
.....	
3) Does your child have any special dietary requirements/food allergies? Yes / No	
If yes, please give details:	
.....	

4) Is there any other information about your child it would be helpful for us to know.

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CONSENT FORM

(Please sign the following medical consent form)

I,, give permission to school staff to consent to necessary medical treatment for my child, in my absence.

Signed(Parent/Guardian)

Date