



Stone Farm 2026 Residential Medical and Dietary Needs Form

I wish my Son / Daughter D.O.B:
to be allowed to take part in the above-mentioned school journey and agree to him / her taking part in
any or all of the activities described.

I have ensured that my child understands that it is important for his / her safety and for the safety of the
group that any rules and any instructions given by the staff in charge are obeyed.

My child has:

No illness, allergy or physical disability

The following illness or physical disability:

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Which necessitates the following medical treatment:

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MOTHER'S NAME:

FATHER'S NAME:

HOME ADDRESS:

.....

BEST DAYTIME CONTACT NO.:

EMERGENCY CONTACT NO.:

NAME & ADDRESS OF FAMILY DOCTOR:

.....

DOCTOR'S TELEPHONE NO.:

Has your child suffered from any of the following:

Asthma or Bronchitis YES NO

Heart Condition YES NO

Fits, fainting or blackouts YES NO

Severe Headaches YES NO

Diabetes YES NO

Hayfever, grass/pollen allergy YES NO

Allergies to any known drugs or medication	YES	NO		
Any other allergies eg. material, food, insect bites			YES	NO
Other illness or disability			YES	NO
Any recent contact with contagious diseases and infections			YES	NO

If the answer to any of these questions is YES, please give details below:

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Has your child received vaccination against Tetanus in the last ten years?	YES	NO
Is your child receiving medical treatment of any kind from either your family Doctor or Hospital?	YES	NO
Has your child been given specific medical advice to follow in emergencies?	YES	NO

If the answer to any of these questions is YES, please give details below (including dosage of any medicines / tablets):

If the answer to any of these questions is YES, please give details below:

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Please tick the boxes below:

- I consent for my child to receive mild paracetamol
- I consent to the removal of ticks

Any medicines that need to be taken during the week must be handed to the member of staff in charge of the journey, by the parent/carer. The medicines should be in containers, clearly labelled, with the child's name, the type of medicine and the dosage instructions. Please note any medicines containing ibuprofen will only be administered if they have been prescribed for your child by their GP.

Signed: (Parent / Guardian) Date:

Any further Medical Notes:

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If your child suffers from any bedwetting / night traumas or any extra information, please give details below:

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Dietary Needs

This needs to be completed even if the children do not have any allergies or intolerances. The information provided will be passed to Stone Farm, to enable them to cater for any specific needs. Data shared will be stored in compliance with GDP Regulations and destroyed once the visit has been completed.

My child is allergic/intolerant to:

- Lactose
 - Gluten
 - Eggs
 - Nuts and Peanuts
 - Fish and shellfish
 - Celery and Celeriac
 - Mustard, sesame, Sulphur Dioxide, Lupin or Molluscs
 - Glycaemic Index Food (related to diabetes)
 - Low GI Foods
 - Other
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- Phenylketonuria (PKU)
- Prada Willi Syndrome (PWS)

- My child is not allergic or intolerant to any foods

Please note, these details relate to allergies and intolerances and are not food preferences.

In order to protect all of the children attending this trip, no snacks or sweets are permitted during this trip. School will provide treats for children which meet the dietary needs of all the children. Any snacks or sweets found in luggage will be confiscated and returned to parents/carers at the end of this trip. We would appreciate your support with this, to enable us to keep all children safe.

PLEASE RETURN THE ENTIRE COMPLETED FORM TO THE SCHOOL OFFICE
BY FRIDAY 6th FEBRUARY 2026