



**EWELL GROVE PRIMARY AND NURSERY SCHOOL  
PUPIL INFORMATION AND PARENTAL CONSENT FORM**

**HIGH ASHURST – JANUARY 2026**

**PLEASE ENSURE THAT THIS FORM IS COMPLETED IN CAPITAL LETTERS**

Child's Full Name:	
Child's Date of Birth:	
Class:	

**MEDICAL INFORMATION**

<p>Are there any conditions we should be made aware of e.g. medical conditions, bed wetting, sleep walking etc.</p> <p>Please give details as well as information on treatment required.</p>	
<p>Please sign if you give permission for a member of staff to administer pain relief / medication as listed if required.</p>	<p align="center">Calpol Junior Paracetamol Piriton (anti-allergy)</p> <p>We may also administer readily available First Aid remedies that are available over the counter such as antiseptic cream, vaseline, eye wash, plasters etc as and when they are required.</p> <p><b>Signed:</b></p>
<p>Is your child allergic to any food, medication, animals etc?</p> <p>Please give details.</p>	

Doctors name:	
Address:	
Telephone No:	

**DIETARY REQUIREMENTS**

Please list any dietary requirements that your child may have (please circle)			
Vegetarian	Dairy Free	Gluten Free	No beef
No pork	No nuts	Other (please state)	

## EMERGENCY CONTACTS

Please list below 3 emergency contact numbers, please write clearly in block capitals

<b>Contact One</b>	
Name:	
Mobile no:	
Home no:	
Relationship to child:	
<b>Contact Two</b>	
Name:	
Mobile no:	
Home no:	
Relationship to child:	
<b>Contact Three</b>	
Name:	
Mobile no:	
Home no:	
Relationship to child:	

### DECLARATION

- I agree to my child attending the specified visit and taking part in the activities planned.
- I consent to medical treatment, if required, being given to my child during the visit.
- I confirm that my child is in good health and I consider my child fit to participate.
- I will inform the school of any health issues that occur prior to departure.

Signed:

Print name:

Date:

**Please return this form directly to the School Office by no later than  
Friday 21<sup>st</sup> November 2025**