**CHATEAU DU BROUTEL**

**Dietary and Medical Information**

This information is required by Chateau du Broutel for health and safety reasons and will be treated in the strictest confidence. Please detail any dietary or medical information which you feel may be useful. Please advise us in writing if your child has had any broken limbs, anaesthetic, etc. within the six months prior to arrival, and any physical/mental disabilities. Failure to advise this information may result in the child being asked to leave the centre at their own expense.

If your child needs to bring medicine on the trip, please detail this on the form below, with details of how much and when it should be administered.

Mrs Reid will carry Calpol/Nurofen/Anti-Histamines as required, and will be responsible for administering and recording this.

Also, in the event of accident, misadventure or illness whilst away from home, please sign below to give your consent to any medical treatment which may be considered necessary for your child by a qualified medical practioner.

I consent for my child to receive professional medical treatment if necessary and to be given proprietary or over-the-counter medicine by Mrs Reid as appropriate.

Signed …………………………………………………………………………………Parent/Guardian

**Name of Child Medical and Dietary Information Date of last tetanus**

**(vegetarian, allergies, asthma, etc)**

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