



GUILD OF ST. STEPHEN
"CVI SERVIRE REGNARE EST"



Name of Altar Servers

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Medical information about your child	
1. Does your child have any conditions requiring medical treatment including medication e.g. inhalers, anti-epileptics or insulin?	
Yes - details below	No
2. Please outline any special dietary requirements that your child has (including allergies e.g. to nuts) and the type of pain/flu relief medication that your child may be given if necessary.	
3. Please outline any fears or phobias that your child has. This will help the adult leaders to assist your child should any difficulties arise.	
4. Is your child allergic to any medication e.g. penicillin?	
Yes - details below	No
5. When did your child last have a tetanus injection?	



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6. Is there any other relevant information or specific needs about which the organiser needs to know - e.g. travel sickness, mobility problems?

Yes - details below	No

Parental contact telephone numbers			
Home		Work/Mobile	
Alternative contact, in emergency			
Name		Number	
Family doctor			
Name		Number	
Address			

Parental Consent	
<p>I hereby agree that the information given above is true and accurate and if anything changes I shall let the Master of Ceremonies or the Parish Priest know immediately.</p> <p>I understand that in the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</p>	
Signed	
Date	
Name in blocks	