

## **ASTON HALL JUNIOR & INFANT SCHOOL**

Church Lane, Aston, Sheffield, S26 2AX

astonhall:	school.co.uk

0114 287 9811 office@astonhallschool.org **HEADTEACHER**: Mr S Holmes YORK RESIDENTIAL MARCH 2025 MEDICAL AND EMERGENCY INFORMATION Child's name Parent/Carers' name(s) Date of birth Town/country of birth Home Address Home Telephone Number **Emergency Contact 1 Emergency Contact 2** Medical Information (e.g. asthma, travel sickness etc) Please note, a further form will need to be completed on departure when handing over medication. Any further important/relevant information (e.g. sleepwalking, toileting or any thing you'd like us to know) Permission for paracetamol Yes Νσ (Calpol) to be given if needed I give permission for the staff to act 'in Loco Parentis' in case of an emergency.

Signed \_\_\_\_\_ (parent/guardian)

Date \_