

Alton Castle

Medical, dietary and special requirements.

***Please fill in and return to school one month before the Alton Castle residential begins.**

Child's name: _____.

Does your child have any special dietary requirements? Y/N

*Please note that this does not cover food preference. Please only give details of food allergies, etc...

If 'yes' please go into as much detail as possible:

Does your child require regular medication? Y/N

If 'yes' please state the name of the medication, the dose and how often it should be administered:

Is there anything else you would like us to know about your child? *I.e. particular worries or concerns they may have, if they have never stayed away from home before, etc...*

Signed: _____ (Parent/Carer)

Date: _____