

# Medical Form Visit to Paris 2024

Name of Child:

Please use the space below to notify staff of any medical conditions and treatment relevant to your child.

Please provide clear instructions for any medication you require staff to administer during the visit. A container clearly labelled with the child's name is necessary.

Signed: \_\_\_\_\_ (Parent/ Carer) Date: \_\_\_\_\_

Please give details of any special dietary requirements:

Please supply two emergency contact numbers:-