

**PLEASE RETURN THIS REPLY SLIP / MEDICAL INFORMATION
BY SUNDAY 4th MAY**

Name of 1st child attending _____ Age _____

Name of 2nd child attending _____ Age _____

Name of 3rd child attending _____ Age _____

(for additional children, please use another form)

Name of Parent / Staff helper (if attending) _____

Name of Parent / Staff helper (if attending) _____

(for additional parent helpers, please use another form)

I would like / not like my child (/children) to take part in this outing (delete as appropriate)

I enclose £ _____ for _____ child (/ children)

I also enclose £ _____ towards the cost of transportation / lunch (**voluntary**)

Signed _____ Parent

If paying by cheque, please make this payable to 'KSIMC of Milton Keynes'

Medical / Other information

Parents Telephone No. (in-case of an emergency) _____

Child 1

Allergy details (drug, food, insect bites?) _____

Any medication currently being taken _____

Other needs / information _____

Child 2

Allergy details (drug, food, insect bites?) _____

Any medication currently being taken _____

Other needs / information _____

Child 3

Allergy details (drug, food, insect bites?) _____

Any medication currently being taken _____

Other needs / information _____

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