

Headteacher: Amanda Aze

Chair of Local Advisory Board: Vivien Sloan

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4th May 2022



Dear Parent/Carer

Year 4 Leeson Ho	<u>use Visit – Wednesday</u>	v 8 <sup>th</sup> June – Friday 1	0 <sup>th</sup> June 2022	
Name of Pupil				
Emergency Contact	Name	Tel:		
If you are not going	to be at home another c	ontact name and numb	er:	
I consent to any rele	evant first aid or emerger	ncy medical treatment l	peing administered [ ]	
Name of Family Doo	ctor			
Address of Doctor				
Telephone No:				
MEDICAL INFORM	ATION ABOUT YOUR C	CHILD		
(a) Any conditions in details	requiring medical treatmo	ent, including medication	on? If yes, please give brief	
				-
(b) Please outline DISLIKES)	any special diet requirer	ments/allergies your ch	ild may have (NOT LIKES C	)R
Signed		(Parent/Guardian	ı)	