

### Abernant 2025 Medical and Diet information

<b>Pupil Name</b>	
<b>Class in Year 6</b>	
<b>Date of birth</b>	
<b>Address</b>	
<b>Emergency Contact 1 name and number</b>	
<b>Emergency Contact 2 name and number</b>	
<b>Dietary Requirements</b> Please circle those that apply.	Halal Vegetarian Kosher Vegan No Lactose No Gluten No Dairy No Wheat No fish/shell fish No Egg No Soy Other _____
<b>Medical Information</b> (epi pen, asthma pump, etc)	
<b>Medication</b>	
<b>Any other information you feel is needed for the teachers who will be going on the trip with your child.</b>	