**QEHS Provision – 20th April 2020 – 11th May 2020**

Current School: ………………………………………………………………..

Pupil Name …...…………………………………………………………………. will be attending QEHS on the following days (see indicate dates below)

Week beginning 20th April…………………………………………………………………………

Week beginning 27th April …………………………………………………………………………

Week beginning 4th May…………………………………………………………………………….

Week beginning 11th May …………………………………………………………………………

Please indicate if you require after school childcare provision between 4pm & 6pm in addition to school provision between 9am & 4pm



I understand my child is required to bring a packed lunch on the day 

At the end of the day:

* I will collect my child from QEHS 
* My child will walk home alone 
* My child will walk home with ………………………………………………
* I require transport to & from QEHS 

**Medical Information**

Has your child a history of, or do they receive medication for:

Asthma:  Diabetes:  Epilepsy:  Allergies:  Other: 

If your child suffers from any other medical problems that we should be aware of please give details:

………………………………………………………………………………………………………………

Does your son/daughter take any regular medication, if yes please state type(s):

………………………………………………………………………………………………………………

If you have any other information which you think we should be aware of, please give details:

**Emergency Contact Details**

Name: …………………………………………………… Relationship: ……………………………………

Home phone: ……………………… Work phone: ……………… Mobile ………………………………

Signed: ………………………………………………………………………… (Parent/Carer)

*Please return this slip via email to admin@queenelizabeth.hereford.sch.uk*