**Barnstondale Residential Information**

**Please return by Monday 27th February 2023**

My child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick below any of these that apply to your child:

* Travel sickness
* Dietary requirements/dislikes/allergies:
* Medication

Please give further details:

* Anxious about being away from home
* Night terrors
* Sleep-walking
* Bed-wetting

Please tell us anything else that you think would help us help your child:

In discussion with your child, please let us know the names of friends who he/she would like to stay in a room with (we cannot guarantee but we will do our best!)

Any questions/queries that you would like to know: