MEDICAL INFORMATION SHEET
CCYM 'Radars of the Last Ark' Weekend
23rd - 25th November 2018
Please ensure you bring ALL medication listed below to the Weekend

If you answered 'yes' to any of the medical or dietary questions (1—4) overleaf please complete this section of the application form

Name of Child:

Date of Birth:

What does your child suffer from?

Name of medication?

Does your child take : Tablets ☐ Medicine ☐ Inhaler ☐

Dosage: How many times a day?

Times of administration:
Morning
Lunchtime
Teatime
Bedtime

If your child is bringing an inhaler to camp is he/she able to use this him/herself? Yes ☐ No ☐

***** Please leave all medication in their original packets *****

Parental Consent:

I give permission for the medication listed above to be given to my child at the CCYM November Weekend 2018

Signed: (Parent/Guardian) _____

Dietary Information:

Please outline any dietary needs: (eg gluten free, vegetarian, vegan etc.)

Is your child allergic to anything? Yes ☐ No ☐
Does your child carry an epi-pen or medication for an allergic reaction? Yes ☐ No ☐

Please Outline:

Thank you for taking the time to fill out this form.
If you have any queries, or require further information, please do not hesitate to contact one of the Chrysalis Team on the CCYM mobile number: 086 2328835