MEDICAL INFORMATION SHEET
CCYM 'Your Move' Weekend
29th—31st March 2018

If you answered 'yes' to any of the medical or dietary questions on page 1 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 Easter Weekend

Signed: (Parent/Guardian) _____

Dietary Information:	
Please outline any food requirements:	
Is your child allergic to anything?	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