MEDICAL INFORMATION SHEET

CCYM JUNIOR CAMP 2019

Sunday 28th July - Sunday 2nd August 2019

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 ☐

Parental Consent:

I give permission for the medication listed above to be given to my child at the CCYM Upstairs Downstairs Weekend:

Signed: (Parent/Guardan) .....

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: +353 (0)86 2328835