CCYM JUNIOR CAMP 29th July - 3rd August 2018 MEDICAL INFORMATION SHEET 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 Yes use this him/horself? No \square

use this him/herself?	
***	Please leave all medication in their original packets ***
Parental C I give permi. CCYM Sumi	ssion for the medication listed above to be given to my child at
Signed: (Pa	rent/Guardian)
Dietary Infor	mation:
Please outline	any food requirements:
Is your child a	llergic to anything? Yes No
Please Outline	: