

MEDICAL INFORMATION SHEET

CCYM SENIOR CAMP 2019

Sunday 4th August - Saturday 10th 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