

CCYM SENIOR CAMP 5th August - 11th 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 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 CCYM Summer Camp

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 Board on the CCYM mobile number: 086 2328835