HEALTH INFORMATION (up to 3 children on each form)

GIVEN NAMES:…………………………..SURNAME:…………………………….. DATE OF BIRTH……/……/…………

MEDICAL CONDITIONS

Does your child have any medical condition or health problem? YES / NO

If "YES", please give details of the medical/health problem:_____

_____

Are you aware of any medical emergency which could occur? YES / NO

If "YES", please give details: Precautions to avoid emergency_____

How to recognise emergency_____

Emergency treatment required_____

MEDICATION

Does your child take any prescribed medication (including inhalers)? YES / NO

If "Yes", please give details: Medication Name_____

Dose_____ When Taken_____ How Taken_____

Any side effects_____

Note: Any medication needed during sessions should be handed to an Instructor on arrival, with written notes of your child's name, medication, dose, etc.

GIVEN NAMES:…………………………..SURNAME:…………………………….. DATE OF BIRTH……/……/…………

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GIVEN NAMES:…………………………..SURNAME:…………………………….. DATE OF BIRTH……/……/…………

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Parent Signature……………………………………   **Date……………………**