CHILDREN WITH MEDICAL / DEVELOPMENTAL ISSUES

● Provide full details below & use additional pages if required - this includes ADHD, allergies, anxiety, asthma (if noted on form, inhaler must be brought to Club), autism, diabetes, dyspraxia, EDS, epilepsy, fainting, nose bleeds, migraines, phobias ETC...

● Provide an up to date photograph

● Complete an Administering Medicines Permission Form if Medication will be brought to Club

● Dave O'Brien, Medical Officer may be in contact if more information is required

Childs Name: _____

Information:

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Signed by Parent / Guardian _____ Date: _____

<u>Club to complete:</u>

Photo	**YES**	**NO**
Administering Medicinces Permissios Form	**YES**	**NO**