

Medical Questionnaire
To be completed for long term medical conditions



Name of Child:

Name of parent / carer completing the form:

Please describe the medical condition:

Prescribed medication taken:

Will this be taken whilst they are attending the club? **YES / NO**

If yes, please give the frequency and dosage; we can only administer prescribed medication. Any medication brought into the club, must be handed to the Manager in its' original bottle clearly marked with the full name of the child, the dosage and the frequency.

Will this condition affect their ability to participate fully in club activities?

What adjustments do you feel the club can make in order to facilitate your child's full participation within the club?

Once completed, please return with your completed application form