Children and Young Person Health Information and Medical Form

This information will be kept securely with your child’s other records. Relevant group leaders will be informed.

If further information is needed we will contact you.

Childs Name:

D.O.B:

Gender:

Group/Activity at Church:

Please complete if applicable

Has your child been diagnosed with or are you concerned about any of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Condition | Yes | No | Medication |
| Asthma – Provide a copy of child’s asthma plan if possiblePlease provide a list of all medications, plus a plan for any emergency medication required. |  |  |  |
| Allergies/Anaphylaxis Please provide details of the prescribed auto injector. Please provide a list of all medications, plus a plan for any emergency medication required. |  |  |  |
| EpilepsyPlease provide a list of all medications, plus a plan for any emergency medication required. |  |  |  |
| DiabetesPlease provide a list of all medications, plus a plan for any emergency medication required. |  |  |  |

Is your child taking regular medication for any condition other than those listed on the previous page – continue on a separate sheet if necessary.

|  |
| --- |
| Condition, medication, emergency requirements |

Please use the space below to tell us about any other concerns you have regarding your child’s health, continue on a separate sheet if necessary:

|  |
| --- |
|  |

Signature:

Parent/carer full name:

Date: