

CHUMS MEDICAL INFORMATION FORM

This form should be completed if your child has any medical conditions, disability, allergies, dietary requirements, ADHD, behavioural needs, or any other information we should be aware of. We always recommend that if you have any concerns, you speak to Camp Management directly. Please don't hesitate to e-mail chums@essex.ac.uk or speak to a member of staff on the day of the camp.

Childs Name:

Childs Medical Condition or Additional Needs:

Symptoms of Child's Medical Condition or Additional Needs:

Treatment/Management of Condition: If your child has behavioural needs, please let us know effective strategies we can use to support and manage these behaviours.

Will your child need to take medication during their time at CHUMS?

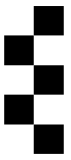
YES NO

If yes, can your child self-administer their medication? Medication should be clearly labelled with child's name, dosage, timings, and provided in its original packaging.

YES NO

If no, please contact chums@essex.ac.uk to discuss arrangements prior to attendance.

Please provide us with any further information you feel will be beneficial for the CHUMS know about your child's medical condition:



Consent. I confirm that the information provided is accurate and understand that CHUMS staff do not administer medication.

Parents/Guardian's Name:

Signed:

Date: