

Medical Information Form

Name of Child (Please write clearly in Capitals)

Date of Birth of Child

Class

Does your child have any severe allergies? Yes/No

If so what are they allergic to?

If your child does have any severe allergies, please could you remain on the premises at all times with any medication they may require

NB We do not have an Epi-pens on our premises

Does your child have Asthma? Yes/No

If so, do they require an inhaler? Yes/No

If your child does require an inhaler, please could you remain on the premises throughout their lesson with any medication they may require

NB We do not have inhalers on our premises

Other Medical Information Please can you provide us as much information as possible about your child's medical condition, especially any details that will help our coaches ensure that your child settles well into their class. Please also indicate if you feel that your child will need 1 to 1 supervision whilst in the gym. Feel free to attach any further information on their condition that would be useful.

We are a Special Olympics Club. Please indicate if your child attends a Moderate or Severe Learning Difficulties School. Yes/No

Please indicate if your child has an Educational Healthcare Plan (ELC) Yes/No

Parent/Guardian Signature

Parent/Guardian Name