

Part 5: Medical and Diet information form. Jazz Camp

You only need to send this in if your child has special dietary needs or a medical condition of which we need to be aware, and you ticked one of the "yes" boxes in Part 3.

Student's Name:	Date of birth:	Sex:
<p>List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies, etc.). Outline the treatment for each.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
<p>Outline special dietary needs including possible reaction to inappropriate diet</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
<p>Medication(s) to be administered during the camp. Include name of medication, instructions for administration, time of administration, and any possible reactions.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		

If you need more space please continue on the back of this page, or on a separate sheet.