**Summer course; 13-15th May 2016**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s first name |  | | | |
| Child’s surname |  | | | |
| Date of birth |  |  |  |  |
| Child’s address |  | | | |

|  |  |
| --- | --- |
| **Family Contact Information** |  |
| Name of emergency contact |  |
| Phone no. |  |
| Second phone no. |  |

|  |  |
| --- | --- |
| **G.P.** |  |
| Name and address |  |
| Phone no. |  |

Please use the space below to describe any medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

|  |
| --- |
|  |

Please use the space below to name any medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

|  |
| --- |
|  |

Other information

|  |
| --- |
|  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to LTO staff to carry out any necessary treatment in the case of an emergency.

Signature(s) of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date