**ST OSWALD’S CHURCH HOLIDAY CLUB 2024**

**MEDICAL NEEDS/ALLERGIES**

**This form must be completed for any child who has medical needs/allergies and submitted to holidayclub@stoswaldschurch.org.uk.**

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| Name of child Name of parent / guardian  |
| Medical conditions / allergiesPrescribed medicinesWhat signs and symptoms do we need to look out for?How do you normally deal with it? |
| Food allergies |
| In case of emergencyEmergency contact name and numberWhereabouts of person with parental responsibility |
| I give my consent to any medical treatment that may be necessary in the event of an emergency during Holiday Club. *Signature of person with parental responsibility*Date  |

**On the first day of holiday club please bring medication** in a labelled container with clear instructions on how to administer it. If possible, add a photo of your child.

July 2024