

INTEGRATED COLLEGE DUNGANNON

Summer Scheme 2017

DIETARY/MEDICAL REQUIREMENTS

Name of Child: _____

Date of Birth: _____

Special dietary requirements:

MEDICAL - Please complete as appropriate

My child does not suffer from any condition requiring regular treatment

My child suffers from _____ requiring regular treatment.

- If your child suffers from a particular illness, disease or allergy, please give details of the condition and its treatment. (You may wish to ask your family doctor to provide this). Please also state if your child is allergic to plasters.

Other health care information:

Doctor's name: _____

Doctor's telephone number: _____
(inc. STD Code)

Signed: _____ (Parent/Guardian)

Date: _____