

GROUP MEDICAL SUMMARY

Please summarise your participant's medical information below.

Please return this form 14 days prior to your stay.

It is the responsibility of the group leader, to carry with them at all times, a detailed medical summary, participant consent forms and dietary information, for each participant. Group leaders are required to inform CYC staff of any relevant medical/dietary/behaviour issues upon arrival.

GROUP NAME _____ ARRIVAL DATE _____

Please list all participants with current illness, injuries or impairments

NAME OF PARTICIPANT (First name/Surname)	ASTHMA	DIABETES	INTELLECTUAL IMPAIRMENT	PHYSICAL IMPAIRMENT	LANGUAGE/HEARING IMPAIRMENT	HEART CONDITION	RECENT OPERATION	EAR INFECTIONS / ISSUES	ADD/ADHD/ODD	PHOBIAS (e.g. Water)	ASD	OTHER (Please specify on back)

Please list all participants current taking medication

NAME OF PARTICIPANT (First name/Surname)	LIST ALL MEDICATION



GROUP MEDICAL SUMMARY CONT.

NAME OF PARTICPANT (First name/Surname)	OTHER (Please specify)