

Name of Junior:

**MEDICAL INFORMATION**

1. Does your child experience any conditions requiring medical treatment and/or medication?

2.

Yes  No

If yes, give details

3. Does your child have any allergies?

4.

Yes  No

If yes, please give details

5. Does your child have any specific dietary requirements?

6.

Yes  No

If yes, please give details

7. Please provide any further information you feel is necessary

8.

- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed above