

Grafham Water Residential medical and dietary requirements form

Name: _____

Section A: Medical

Medical need: _____

Medicine required: _____

How often taken: _____

What time of the day: _____

Further instructions: _____

Please provide the medicine in the prescription labelled box given with instructions and the amount of medicine needed. We must have the prescription labelled box otherwise medicine can not be administered.

Section B: Dietary requirements

Dietary intolerance: _____

What food can your child not have: _____

Though the catering staff will provide other alternatives for your child to meet all dietary requirements, if you would like to provide extra food then please state below and we will keep this safe in the Kitchen.

Signed: _____ Date: _____