



# Medical Form

Acorn House  
Longshot Lane  
Bracknell  
RG12 1RL  
info@getactivesports.com  
01344 860868

Child(s) Name:.....

Child(s) Medical Condition:.....

.....

Name of Medication Child(s) is on: .....

.....

Does your Child(s) require this medication to be administered during their time at Get Active Camp?

.....

**If your Child(s) required medication at Get Active Camp please provide a written letter with a detailed description of administration instructions, dosage and your permission for this to occur.**

Symptoms of Child(s) medical condition:.....

.....

.....

Treatment for Child(s) medical condition: .....

.....

.....

Does your Child(s) medical condition restrict them from any activities offered at Get Active Sports Camp? If so, which one/one's?

.....

Please provide us with any further information you feel will be beneficial for the Get Active Staff to know about your child's medical condition:

.....

Parent/Guardian Name: ..... Date: .....

Signed: .....