

# CHAPPY DAY OUT

## MEDICAL & DIETARY INFORMATION FORM

Please ensure each child's parent/care giver completes the following form. Forms must be received by CYC no later than 14 days prior to the program (Monday 14 October, 2019).

School name: \_\_\_\_\_

1. Does your child have any illness, injury, or disability at present? Yes  No   
 If yes, please provide name of participant, condition and any medication below:

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 below)

Other illness, injuries, or disabilities (apart from those listed above)

\_\_\_\_\_

\_\_\_\_\_

2. Does your child have any dietary requirements at present? Yes  No   
 If yes, please provide further information below:

Are your child's dietary requirements:

- Critical (life threatening)
- Serious (non-life threatening but medically relevant)
- Lifestyle choice

My child has an allergy/intolerance to (please tick ALL relevant boxes):

- |  |  |  |   |   |   |  |  |
|--|--|--|---|---|---|--|--|
| <input type="checkbox"/> <b>GLUTEN</b><br><input type="checkbox"/> Barley<br><input type="checkbox"/> Rye<br><input type="checkbox"/> Oats<br><input type="checkbox"/> Wheat<br><br><input type="checkbox"/> <b>SUGAR</b><br><input type="checkbox"/> Fructose<br><input type="checkbox"/> Sugar substitutes | <input type="checkbox"/> <b>DAIRY</b><br><input type="checkbox"/> Lactose<br><input type="checkbox"/> Milk Solids<br><input type="checkbox"/> Whey/powder<br><input type="checkbox"/> Casein/ate | <input type="checkbox"/> <b>MEATS</b><br><input type="checkbox"/> Beef<br><input type="checkbox"/> Lamb<br><input type="checkbox"/> Chicken<br><input type="checkbox"/> Pork | <input type="checkbox"/> <b>SALICYLATES</b><br><input type="checkbox"/> Tomatoes<br><input type="checkbox"/> Onions<br><input type="checkbox"/> Capsicum<br><input type="checkbox"/> Oranges<br><input type="checkbox"/> Berries<br><input type="checkbox"/> Spices<br><input type="checkbox"/> Other | <input type="checkbox"/> <b>NUTS</b><br><input type="checkbox"/> Peanuts<br><input type="checkbox"/> Treenuts | <input type="checkbox"/> <b>EGG</b><br><input type="checkbox"/> Whole egg<br><input type="checkbox"/> In baking | <input type="checkbox"/> <b>Fish</b><br><input type="checkbox"/> Shellfish<br><input type="checkbox"/> Soy | <input type="checkbox"/> <b>MISCELLANEOUS</b><br><input type="checkbox"/> Garlic<br><input type="checkbox"/> Rice<br><input type="checkbox"/> Corn<br><input type="checkbox"/> Fat |
|--|--|--|---|---|---|--|--|

Are products labelled "may contain traces of..." acceptable for your child?  Yes  No

OTHER (please specify)

\_\_\_\_\_

\_\_\_\_\_