

MED2 Form – Christian Worship (CW) Camps

If you have answered 'Yes' to any of the questions below, please provide more detail in the space provided. Should you need more space, then please use an additional MED2 form. Please ensure this is sent with the main booking form.

Do you / does your child suffer from any illness or have a disability? YES / NO

Do you / does your child have any allergies (including those to medication) or special dietary requirements? YES / NO

Do you / does your child need regular medication (including inhaler / epipen)? YES / NO

Do you / does your child have any learning, behavioral or social needs? YES / NO

Are you / is your child a weak or non-swimmer? YES / NO

Name of Camper.....
Signature of Parent / Guardian.....Date.....