

**KATIKATI COMMUNITY RESOURCE CENTRE
Relevant Medical/Other Information Form**

Childs Name _____

What is the Medical Condition?

Describe what happens

Does child Need Medication Yes No

Does child carry medication with them Yes No

What Medication, dosage etc

What action needs to be taken?

Further Information

What Trip/s is your child enrolled in?

**KATIKATI COMMUNITY RESOURCE CENTRE
Relevant Medical/Other Information Form**

Childs Name _____

What is the Medical Condition?

Describe what happens

Does child Need Medication Yes No

Does child carry medication with them Yes No

What Medication, dosage etc

What action needs to be taken?

Further Information

What Trip/s is your child enrolled in?
