

I accept that the information will be kept on record by *YET (Youth East Taieri)* and will be used for administrative purposes. This complies with the Privacy Act 1993.

Medical Information

My child suffers from the following condition/medical problem and may require special attention.

Details of condition and actions that may be required

Medication (dosage and frequency)

Dietary Needs, Allergies

Doctors Name	
Doctors Phone	
Last Tetanus Immunisation (Year)	

If circumstances change please advise your child's *YET (Youth East Taieri)* leader.

Signed (Parent / Caregiver) _____
Date _____

This document was created with Win2PDF available at <http://www.daneprairie.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.