Christian Adventure Holidays Medical Form MF03: update of medical details.

The purpose of this form is to inform us of any change to your child's medical details since you made the original application to attend this year's CAH holiday week. Please ensure this is completed, signed and handed over on arrival at the holiday week.

If there are no changes, please write "No change" in answer to the appropriate question.

Name of child	
Please describe any changes to his/her medical status which we should be aware of	
Are there any changes to any medicine (prescribed or over-the-counter, regular or ad-hoc) that your child is taking? Please circle: Yes, there have been changes / No change If yes, please provide details: If yes, would you as their parent/guardian prefer the child to keep posession of the medication and be responsible for the medication and its correct administration? If yes, please sign and date below: …… date …… If not signed, then all medication will be stored and administered by a CAH leader.	
Changes to the name or contact details for your child's doctor	
Changes to the name or contact details for the person we should contact during the week in the event of an emergency	
Parent/guardian signature: I confirm that these details are correct …… date ……	