

Medical information and dietary requirements for young people attending DofE Residential at the Ancient Technology Centre (ATC)

This form **MUST BE** completed to indicate all necessary medical information and medical conditions that ATC staff should be aware of, as well as any special dietary needs.

Participant's Name	
Course Title and Dates	DofE Gold Residential

Please indicate any medical conditions that ATC staff should be aware of (please continue on the reverse of this sheet if necessary).

Please also use the reverse of the sheet to detail any learning support / mobility / sensory issues that we will need to be aware of.

Name of Medication(s)	Time(s) for administering and dosage	Please indicate for each medicine, whether it is to be self-administered or by a member of staff

The above is a full list of all medication required. Where stated above I agree to allow ATC staff to administer and/or supervise the taking of these medicines.

Signature (18 or over)):.....**Date**.....

Parent / guardian signature (if under 18):.....**Date**.....

ATC STAFF: Please complete each time medication is administered.

Name of Medication and dosage	Date and Time	Signature

DIETARY REQUIREMENTS

Please give details below of any special dietary requirements. If vegetarian, please state whether fish and/or dairy products are eaten (continue overleaf, if necessary)

