

Medical and Behaviour Summary



Organisation/School/Group:

Date of visit:

It is **important** that we are made aware of any medical condition or behaviour trait which may affect the way we need to deliver the activity sessions for that individual. From the information given on the consent form and from your knowledge of the young people, please give a summary of any condition below.

Please email this form to the centre at least 10 days before your visit.

Name	Medical condition.	Medication to be taken on activity sessions Inhaler, EpiPen etc.	Behaviour / emotional trait.

It is **important** that visiting staff ensure that medication which may be required is taken on the activity sessions.