

Special Care Form



Y-OSCAR - Out of School Care and Recreation

Name of Child _____ Programme: _____

Medical Conditions

Does your child have a medically diagnosed disability or medical condition? YES / NO

Please give specific details on how the disability/medical condition affects your child:

Is he/she required to take any medication for this condition? YES / NO
(If so - please complete a medical consent form and provide specific instructions to the supervisor)

Are there any particular symptoms we need to be aware of?

Diet Restrictions

Does he/she have any dietary restrictions? YES / NO

Details: _____

Swimming Ability

What is your child's ability in water? E.g. Skill level and confidence

Details: _____

Custody Conditions (if relevant) _____

Additional Needs

Are there any particular circumstances that upset your child? YES / NO

Details: _____

Is there anything else you would like us to know about your child? YES / NO

Details: _____

Details: _____

Details: _____

Parent/Caregiver: _____

Signature: _____ **Date:** _____

We build strong **kids**,
strong **families**,
strong **communities**.

*Me whakahangaia hangaia e matou,
i nga **tamariki**,
i nga **whanau**,
i nga **hapori e**.*