

# Summer Scholars 2025

## Medical Form



Session 1    Session 2

**\*IMPORTANT\* - THIS FORM MUST BE COMPLETED AND RETURNED ALONG WITH YOUR APPLICATION FORM. APPLICATIONS WITHOUT THIS FORM WILL BE RETURNED.**

**THIS SECTION SHOULD BE FILLED IN BY A PARENT OR LEGAL GUARDIAN. PLEASE PRINT CLEARLY.**

### Student Information

First Name:	Last Name:	Middle Initial:	CTYI Student Number:
Age:	Date of Birth (dd/mm/yyyy):	Gender:	
Home Address:			Eircode:
Home Phone #:	Student Mobile #:	Student Email: (You should check this account regularly)	

### Parent / Guardian Information

Parent/Guardian 1

Parent/Guardian 2

Full Name: \_\_\_\_\_

Address (if different to student): \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Relationship to Student: (Circle response)  
 Mother    Father    Other: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address (if different to student): \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Relationship to Student: (Circle response)  
 Mother    Father    Other: \_\_\_\_\_

Who is the custodial parent? (Circle response)

Both    Parent/Guardian 1    Parent/Guardian 2    Other: \_\_\_\_\_

### Emergency Contact

Please nominate a person to act on your behalf in the event of a medical emergency (**NOT a parent/guardian**)

First Name:	Last Name:	Mobile #:	Work #:
Relationship to Student: _____			

## Family Doctor

Doctor's Name:	Phone:
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Address:

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## Medical Insurance

Medical Card Number:	Or
Medical Insurance Company:	Policy Number:

## Additional Educational Needs

Please circle all applicable items

ASD (Autism Spectrum Disorder)	ADHD	Dyslexia	Dyspraxia
DCD (Dyspraxia)	Dyscalculia	ODD	Sensory Issues

## Medical Needs

Please circle all applicable items

Migraines/headaches	Epilepsy/ Seizures	Drug Allergy	Food Allergy
Asthma	Eating Disorders	Depression	Anxiety
Hay Fever	Emotional Problems	Diabetes	Urinary Tract Defects
Autoimmune Disease	Insect Bite Allergy	Self harm	Other (please elaborate below)

If your child has an issue or need which is not listed, please indicate below.

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Does your child currently suffer from a long-term medical condition?

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Has your child ever had a serious illness or spent a prolonged period in hospital?

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If there are any details of the items from the above checklist that a person acting in loco parentis or a person involved in the student's care or treatment should be made aware of, please include them below.

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If there are any physical activities in which you would not wish the student to participate, please indicate these below (include reasons).

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## Medical Treatment

Give full details of any medical treatment, prescribed by any doctor, to be administered during the 2025 CTYI Summer Programme. Any student taking medication during CTYI summer programme (even if self-administering their medication) MUST inform the Senior Staff on arrival of any prescribed medication in their possession.

Name of Medication	
Dosage, Schedule	
Condition for which the medication is prescribed	
Please circle one option:	Dispensed by staff   or   Self-Administered

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Is your child currently under the care of a psychologist, psychiatrist, or counsellor for personal or emotional issues? (Circle response)

Yes   No

If so please provide name:

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Has your child received treatment for behavioural or emotional issues? Please include details below.

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Please note CTYI will not be held responsible for non-disclosure of any information relating to medical, behavioural, emotional issues or any underlying condition.

## Over the Counter Medication

CTYI will supply the following medications (or their generic equivalents) as needed for the symptoms indicated, and according to package directions. Please tick those medications that your child can receive if required.

<b>Anthisan</b> (stings and bites)	<b>Exputex/Benlylin</b> (cough)	<b>Ibuprofen</b> (pain relief)	<b>Motillium</b> (nausea and vomiting)
<b>Savlon</b> (cuts/skin irritation)	<b>Strepsils</b> (sore throat)	<b>Paracetamol</b> (pain relief)	<b>Fybogel</b> (constipation)
<b>Rennies/ Gaviscon</b> (heartburn/ stomach upset)	<b>Piriton/ Clariton/ Zyrtec</b> (allergy symptoms)	<b>Lemsips</b> (flu/ cold symptoms)	<b>Dioralyte/Electrolytes</b> (dehydration)
<b>Sudafed</b> (sinus congestion)	<b>Optrex</b> (eye irritation)	<b>Cystopurin</b> (UTIs)	<b>Imodium</b> (diarrhoea)

## Allergy Information

Does your child carry an Anapen or Epi-pen for Allergies?    Yes    No

Please list any allergies to medications, food, insect bites, environmental factors etc.:

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## Special Dietary Requirements

Vegetarian      Vegan      Coeliac      Other (please indicate) \_\_\_\_\_

## Parental Authorisation

I understand that CTY Ireland is not liable for the non-disclosure of information relating to medical, behavioural or any underlying conditions.

I authorise the staff of the summer session site and/or emergency physicians (and any consultants that they deem necessary) of nearby (or the most appropriate) hospital to render necessary medical care to my child \_\_\_\_\_ (child's name).

However, in the event of an emergency, if I cannot be reached or the person indicated as the emergency contact cannot be reached, I consent for the staff of the summer programme, any physician on the active staff of the nearby (or the most appropriate) hospital, or another physician or hospital (as the case may be) to perform any emergency treatment including surgery, requiring the use of local or general anaesthetic. This authorisation shall be in effect as long as my child is a student of the 2025 Summer Programme. Furthermore, I, the undersigned, will assume full responsibility for all medical costs incurred by my child not covered by medical insurance.

\_\_\_\_\_  
Signature of Parent or Legal Guardian 1

\_\_\_\_\_  
Signature of Parent or Legal Guardian 2

\_\_\_\_\_  
Date

If parents/guardians are cohabiting, then only one signature is needed.

If parents/guardians are separated/divorced and there is joint custody, then both signatures are required.

**MEDICAL FORM MUST BE RETURNED WITH APPLICATION FORM.  
FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING RETURNED.**