



Medical Information

(mandatory for all players or musicianship students)

1 Name of participant/tutor/staff member.....

2 Date of Birth

3 Home Address

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4 Name of Parent/Guardian/Next of Kin

Phone numbers: Home

Mobile

Email: _____

Name of neighbour/friend _____

best phone contact:

5 In the event of an emergency, it is important that the leaders in charge of the group have the necessary information about any medical condition which could affect your/your child's treatment. **All information requested will be treated in strict confidence**, and will not necessarily prejudice the inclusion of you/your child in any given activity. It is in the interests of you/your child that full and accurate information **MUST** be given.

a) Recent surgery for Date

b) Any known allergy to medicine (e.g. penicillin)

c) Is your child/are you undergoing treatment by a doctor? Y / N (If yes, please give details)

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d) Any medical condition which a doctor should know about before carrying out an examination (e.g. asthma)

e) Please state any restrictions you wish to place on emergency medical treatment

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f) Please give details of any special diets e.g. vegetarian/diabetic/no specific 'E' numbers etc

g) All existing medical conditions or any known health problems
(mandatory for attendance at all JUTP events - If yes, please give details)

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6 Name of Family Doctor

Address

Telephone

7 For Sport/Recreational Activity Only

I do/do not give consent for my child/ward to participate in sport/recreational activities at all JUTP events

8 For Transportation

I do/do not give consent for my child/ward to travel by coach to concert venues

I do/do not give consent for my child/ward to travel by car driven by a member of staff to concert venues

9 Insurance Information

- JUTP Music does not provide cover for personal accident, fatal accident, illness, loss or damage incurred by participants whilst on the course/workshop/residential
- JUTP Music does not provide cover for loss or damage to musical instruments owned by participants on the course/workshop/residential. **Please arrange your own insurance.**
- Participants wishing to obtain cover for personal accident, Third Party liability and instrumental insurance, are advised to contact an insurance company or broker.

10 Declaration

- I have read the above information concerning the course/workshop/residential and the statement of insurance.
- I understand the nature of the activities to be undertaken and consider my child/ward fit to take part. He/she does not suffer from any medical condition not stated above.
- I hereby consent to the submission of the above-named to emergency medical or surgical treatment including the administration where necessary, of a local, general, or other anaesthetic.
- I understand that my child may take part in organised off-site trips, which will involve travel by coach or car driven by members of staff.

Name Parent/Guardian

Signature Date