



**easyfundraising**  
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**Medical information sheet 2015**

**(mandatory for all participants)**

- 1 Name of participant/tutor/staff member.....
- 2 Date of Birth .....
- 3 Home Address .....

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)  
.....
- 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 .....

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)**  
.....

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 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.

**9 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 .....