



Health and Emergency Contact Youth Membership (Age 11-18 years)



Child Details

Full Child Name _____

Date of Birth _____

Male/Female

General Health Information

Does your child have any allergies?

(if yes please state details - severity, epipen information etc.)

NO

YES

Does your child have any illnesses or disabilities?

(if yes please state details)

NO

YES

Is your child currently taking any medication?

(if yes please state details - reason for use and whether it will be required at rehearsals/shows)

NO

YES

if yes to the above can your child self-medicate?

YES

NO

Please ensure that any medication brought to rehearsals is clearly labelled with your child's name and the adult in charge of the group has been made aware.

Please state any further information HHTC should have regarding your child's health and well-being?

Medication

The following medication will be available at most rehearsals, shows and social events. Please tick to indicate which may be given to your son/daughter. Please leave blank if no medication can be given.

Paracetamol

Ibruprophen

Emergency Contact Details

Please provide details of a person who will be contactable at all times during rehearsals, shows and social events

Name _____

Telephone 1 _____

Telephone 2 _____

Relationship to child _____

Please provide details of an alternative person who will be contactable at all times during rehearsals, shows and social events

Name _____

Telephone 1 _____

Telephone 2 _____

Relationship to child _____

Parent/Guardian Consent

By signing below, I authorise the adult in charge at any rehearsal, show or social event to give permission to medical professionals for my child to receive any emergency dental, medical or surgical treatment, including anesthetic, as considered necessary by the medical authorities present.

Name _____

Signature _____

Date _____