

YOUNG VOICES OF MELBOURNE MEDICAL INFORMATION 2017

Date:

The information below will help us to provide the best possible care of your child when he or she is at a Young Voices of Melbourne rehearsal, camp, tour or other activity. All information is held in confidence.

NAME

Name of choir member:

Date of Birth:

CONTACT DETAILS

Address:

Home Phone:

Choir member's mobile (if applicable):

1st Parent's name:

1st Parent's mobile number:

2nd Parent's name:

2nd Parent's mobile number:

Parent's email:

Choir member's email (if applicable):

Emergency Contacts Name and contact numbers (if we can't contact parents):

MEDICAL INFORMATION

Family Doctor (name and number):

Family Dentist (name and number):

Medicare Card Number:

Name of any Medical or Hospital Fund:

Name of Policy:

Details of any chronic ailments, eg asthma, diabetes, epilepsy, weak joints, recent operations and so on:

Details of any regular medication:

Date of last tetanus injection:

Do you permit the administration of paracetamol tablets/syrup for pain-killing (yes/no):

Known allergies (eg to penicillin, anaesthetic, food etc):

Special dietary requirements:

Any other relevant information:

PERMISSIONS

PARENT'S/GUARDIAN'S CONSENT

In the event of accident or illness at a Young Voices of Melbourne activity, and where it is impracticable to contact me, I authorise such medical or dental assistance, including blood transfusions, as may be required, and agree to meet any costs so incurred. Permission is also given to the person(s) providing the assistance to contact the child's doctor or dentist, should they need to do so. Both have been advised that this permission has been granted.

Signature of Parent/Guardian:

Date:

Full Name (in CAPITALS please):

IMAGE CONSENT

I give Young Voices of Melbourne permission to use my child's image in photographs or videos to be used by Young Voices of Melbourne for publicity or program purposes.

Signature of Parent/Guardian:

Date:

SWIMMING PERMISSION

My child has good swimming skills and I give my permission for my child to be involved in supervised swimming activities when on a Young Voices of Melbourne activity. (Swimming activities are only offered to Senior Training choir and Choir members.)

Signature of Parent/Guardian:

PLEASE NOTE THAT ONLY THOSE WITH PERMISSION WILL BE ALLOWED TO SWIM.