

# CONTEMPORARY MUSIC ACADEMY AT CRANLEIGH SCHOOL MEDICAL CONSENT FORM

(To be completed by parent or guardian for all participants)

Child's Name:	Date of Birth:
<p>I am pleased to allow my son/daughter* to participate in the Cranleigh School Contemporary Music Academy courses. I consider my son/daughter* to be physically fit and capable of full participation, but in the event that he/she should become unwell when I am not present, I give my permission for a member of staff to obtain emergency medical and/or dental treatment on his/her behalf.</p> <p><b>Emergency Contact</b> Please give a name, address and telephone number of a person to contact in the case of an emergency.</p>	
Full Name :	Telephone:
Relationship to Child:	Mobile:
<p><b>Medical Information</b> Please detail below any important medical information that our staff should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) and note the treatment or medication required.</p>	
Family Doctor's Name:	
Address and Post Code:	
Telephone:	
Does your son/daughter need any regular medication or treatment? Please state below	YES / NO
Does your son/daughter have a special diet? Please state below	YES / NO
Does your son/daughter have any allergies? Please state below	YES / NO
Is there anything else that we need to know about your son/daughter? Please give details.	YES / NO
When was the last time that your son/daughter was vaccinated against Tetanus?	
I will inform the Academy of any changes to the details given.	Date:
Signed: ( PARENT / GUARDIAN ) Please delete	