

Warwickshire Music  
**Medical Details and Consent Form**  
**County Groups and Music Centre**  
From 1 September 2018 – 31 August 2019

Name of Young Person: .....

Date of Birth: ..... Area: North/East/Central/South (please circle)

Home address: .....

Postcode: ..... Tel No: .....

School .....

Email Address: .....

**Emergency Contacts**

1. Name: ..... Relationship: .....

Home: ..... Mobile: .....

2. Name: ..... Relationship: .....

Home: ..... Mobile: .....

Name and address and telephone number of own doctor (GP) .....

.....

Is he/she allergic to anything? (e.g. aspirin, antibiotics, any particular food or drug? If so, give details)

.....

Does he/she suffer from: asthma, chest complaints, hay fever, migraine, fits or faints, travel sickness, diabetes, coeliac disease or any other illness or disability? If so, please give details:

.....

Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (If needed for events these MUST be named, labelled and handed to the organiser)

.....

Date of anti-tetanus injection (if known).....

Does he/she have any physical disability? Please give details of any special attention required:

.....

Please indicate any special food dietary/requirements where applicable:.....

.....

Is there any other information about which Warwickshire Music should be aware?

.....

## Consent and Emergency Permission

I wish for my son/daughter to take part in Warwickshire Music activities from 1 September 2018 – 31 August 2019.

I understand that, while the staff in charge will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising during the activities.

I, ..... (YOUR NAME IN BLOCK CAPITALS PLEASE) agree to my son/daughter receiving any emergency or other medical treatment as deemed urgent, necessary and/or in the best interest of my son/daughter by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion.

I also agree to the release of relevant and necessary medical information to educational establishment staff by the GP, if circumstances are deemed necessary and appropriate.

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## Consent – Photography and Images of Children

I understand that:

- The local media may take images of activities that show the Warwickshire Music and participating children in a positive light e.g. musical/dramatic performances;
- Photographers acting on behalf of the school of WCC may take images for use in displays, in publications, on a website or social media e.g. Facebook;
- Embarrassing or distressing images will not be used;
- The images will not be associated with distressing or sensitive issues; and
- The establishment will regularly review and delete unwanted material.

I give consent for photographs and other images to be taken and used YES / NO

I agree to inform you immediately if there are any changes to the details on this form.

Signature..... Date.....

**Please return this form to:**

Warwickshire Music, Saltisford Office Park, Ansell Way, Warwick, CV34 4UL or  
music@warwickshire.gov.uk



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