

YOUTH BRASS 2000 MEDICAL INFORMATION

Contact Details

Child's Name	
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Medical Information

Please ensure that all necessary and relevant medical information is given so that welfare officers can look after your child appropriately. If any medical information should change, please inform the band manager as soon as possible so we can update our files accordingly.

Please note that for legal and safety reasons we require that all medication (except inhalers) for members under 16 years of age to be handed to the appropriate designated adult.

Vaccines/Immunisations

Is your child fully up to date with Tetanus immunisations?	YES/NO	Please circle which vaccines not received
Is your child up to date with all immunisations recommended for the UK? (of particular interest are Meningococcal C, mumps, measles and Rubella)	YES/NO	

MEDICAL DETAILS

If your child suffers from any following conditions please circle yes and give details. Expand on a separate sheet if needed.

Asthma, Bronchitis, Chest Problems, Diabetes, Epilepsy, Fainting Attacks, Heart Trouble and Migraine. If yes please give full details including type of medication and dosage.	YES/NO
Does your child suffer from any other condition requiring medical treatment, including medication? If yes please give full details including type of medication and dosage.	YES/NO
Is your child allergic or sensitive to any medication, insect bites or foods?	YES/NO
Does your child suffer from any phobias?	YES/NO
Is your child taking any form of medication on a regular basis? If YES, please give full details, including the type of medication and dosage	YES/NO
Please state any specific dietary requirements – eg vegetarian	

The follow proprietary medicines may be given:-

Paracetamol	YES/NO
Ibuprofen	YES/NO
Antihistamine	YES/NO

Please list any medication that **MUST NOT** be given.
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Any other information that child welfare officers or medical profession may find useful, should your child be taken ill whilst away with Youth Brass 2000.

Details

Parental consent

- My child is in good health and able to participate in the proposed activities.
- I have completed the required medical details and give permission for proprietary medicines (as indicated) to be administered if deemed necessary.
- I will notify the Band Welfare Officers of any changes in circumstances that affect his/her participation.
- In the event of an emergency I agree to my child being given any medical, surgical, optical or dental treatment as considered necessary by the medical authorities present.
- I will ensure that adequate supplies of medication are provided (when appropriate).

Signature	Print Name	Date
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