



Information: General Health Form 2012

PLEASE RETURN THIS FORM, COMPLETED AND SIGNED, TO THE HYT LEADER AS SOON AS POSSIBLE.

Updated July 2010

COMPLETE IN PEN IN BLOCK CAPITALS.
DELETE STARRED *ITEMS AS APPROPRIATE

NOTE: THIS INFORMATION WILL BE HELD IN CONFIDENCE

Members aged 16 or over may complete the form themselves: for members under 16 the form should be completed by the parent or guardian.

Todmorden Hippodrome Youth Theatre

Surname _____

First names _____

Address _____

Postcode _____

Date of birth _____

Telephone Number _____

Mobile Number _____

In an emergency you should contact the following person

Name _____

Relationship _____

Address _____

Telephone Number _____

Mobile Number _____

Alternative emergency contact

Name _____

Relationship _____

Address _____

Telephone Number _____

Mobile Number _____

Family doctor: Name _____

Address _____

Postcode _____

Telephone _____

*Do you/does your child suffer from asthma, chest complaint, wheezing or hay fever, migraine, fits or faints, bad period pains, diabetes, nervous disorders, any other illness or disability? ***YES/NO** If YES, please give details.

*Are you/is your child allergic to anything? (Antibiotics, any particular food or medication etc.) ***YES/NO** If YES, please give details.

*Are you/is your child receiving any medical treatment at present? ***YES/NO** If YES, please give details. Please also give details of any pills, medicines etc.

Do you/does your child administer their own medication? ***YES/NO** If YES please give details.

*Have you/has your child had contact with any infectious illnesses within the last month? ***YES/NO** If YES, please give details.

*Do you/does your child have any faith or cultural needs e.g. dress, diet, holy days, toilet arrangements? ***YES/NO** If YES, please give details.

For members aged under 16

Medication required or that may be required during a meeting should be given to the Leader, clearly marked with name and full instructions for use. Inhalers and epipens should be retained by your child. Spare inhalers or epipens can be given to the Leader if required.

EMERGENCY PERMISSION

I authorise the Hippodrome Youth Theatre leaders to give permission for my child/myself to receive medication as instructed above and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

PUBLICITY

By signing this form you agree to you/your child having their photograph taken and appearing on video. These may be used for publicity events and publications including programmes, press releases and websites and other forms of media.

Signed _____

Parent/guardian _____ Date _____

Print Name _____

Signed _____

Member (if aged 16 or over) _____ Date _____