

MEDICAL INFORMATION

This form is designed to help tutors to meet the needs of all members of Nottingham Music School who have special requirements. Please complete all parts of the form, which apply to you.

Medical Requirements (to be completed and signed by the parent/guardian)

A. Name of pupil/student _____

Workshop attending _____ (e.g. Saturday Music School, Brassery Roots etc)

B. Please state the medical condition(s) of which the tutors need to be aware (e.g. asthma, diabetes, epilepsy etc):

C. What are the symptoms of the above, which might occur during a session?

D. What medication is required for the condition(s) and how and when is it administered.

E. Who do you wish to carry and administer any medication: Your child

(*Please note that the administration of medication by the tutor is subject to his/her agreement.) *Tutor

Other [please state]

F. Please give any further relevant information.

G. Please give the names and addresses of people who can be contacted in an emergency:

1 Name: _____ Address _____

_____ Tel No. _____

2 Name: _____ Address _____

_____ Tel No. _____

H. Please sign below to confirm that the above details are correct.

Print Name _____ Sign _____ Date _____

