

CONTACT & MEDICAL INFORMATION FORM



KADS SHOW

Performance dates

Chaperone

Name of child

D.O.B

Address

Telephone number (Home)

(Mobile)

Parent or Guardian

Address

Telephone number (Home)

(Mobile)

Medical Information

If you answer 'yes' to any of the questions below please use the continuation sheet attached to provide brief details.

Does your child have any medical conditions that we should be aware of? YES/NO

Is your child taking any prescribed medication? YES/NO

Does your child have any allergies? YES/NO

Declaration

I am happy for..... to take part in the above performance and agree I am happy with the guidelines laid down in KADS Child Protection policy. I will also ensure that he/she is aware of these guidelines and the consequences that will be forthcoming if they do not abide by them.

Signed _____ (parent/guardian)

Date _____

MEDICAL INFORMATION



Please provide brief details of each relevant:

Medical Conditions

Prescribed Medication

Allergies

Other