

# Gloucester Academy of Music HOLIDAY MUSIC COURSES

11a Westgate Street, Gloucester, GL1 2NW.  
Tel: 01452 385162; [holidaycourses@gamusic.co.uk](mailto:holidaycourses@gamusic.co.uk); [www.gamusic.co.uk](http://www.gamusic.co.uk)

## ADULT HEALTH FORM

*This information will be held in confidence.*

**Please complete and sign this form and return it with your final payment. Thank you.**

Course name: \_\_\_\_\_ Date of course: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

- Do you suffer from asthma, hay fever, migraine, fits or faints, diabetes or any other illness or disability? **YES/NO** If YES please give details:
  
- Are you allergic to anything (eg. antibiotics, any particular food/drink, drug, plasters, animals, etc.)? **YES/NO** If YES please give details.
  
- Please list any dietary requirements:
  
- Date of last tetanus injection:

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address & post code: \_\_\_\_\_

Tel: (Day) \_\_\_\_\_ Tel: (Night) \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of Family doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

### EMERGENCY PERMISSION:

In the event of my needing emergency medical treatment, I authorise the Beauchamp House Holiday Courses staff to give permission to the relevant medical authorities for any emergency treatment deemed necessary on the understanding that every effort has been made to reach the Emergency Contact named above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_