



# HOLIDAY MUSIC COURSES

Barbican House, 31 Barbican Road Gloucester, GL1 2JF  
 01452 668592      holidaycourses@gamusic.co.uk

## ADULT HEALTH FORM (this information will be held in confidence)

Please return this form completed and signed to the address above.

|                |         |
|----------------|---------|
| Name of Course |         |
| Date of Course |         |
| First Name     | Surname |
| Date of Birth  |         |

Do you suffer from any of the following conditions:

| Medical Condition      | Yes | No | If Yes please give details |
|------------------------|-----|----|----------------------------|
| Asthma                 |     |    |                            |
| Hay fever              |     |    |                            |
| Migraine               |     |    |                            |
| Faints or dizziness    |     |    |                            |
| Seizures               |     |    |                            |
| Diabetes               |     |    |                            |
| Eating disorders       |     |    |                            |
| Anything not mentioned |     |    |                            |

| Allergies              | Yes | No | If yes please give any details |
|------------------------|-----|----|--------------------------------|
| Plasters               |     |    |                                |
| Antibiotics            |     |    |                                |
| Animals                |     |    |                                |
| Food/Drink             |     |    |                                |
| Drugs (Medicine)       |     |    |                                |
| Anything not mentioned |     |    |                                |

| Other details needed                    | Yes | No | Please give any details |
|---|-----|----|-------------------------|
| Do you have any dietary requirements?   |     |    |                         |
| Is your tetanus vaccination up to date? |     |    | Date of vaccination     |

## EMERGENCY CONTACT:

Name:

Relationship:

Address & post code:

Tel: (Day)

Tel: (Night)

Mobile:

Name of Your Doctor:

Tel:

## EMERGENCY PERMISSION

I authorise the staff of the Gloucestershire Academy of Music Holiday Courses to give permission to the relevant medical authorities to undertake whatever treatment is considered necessary in the event of an emergency. This will only be put into effect once every effort has been made to reach the Emergency Contact as detailed above.

**Signed:**

**Date:**