

Gloucester Academy of Music

Affiliated with
TRINITY
COLLEGE OF MUSIC

11A Westgate street
Gloucester
gl1 2nw

tel: 01452 385162

BEAUCHAMP HOUSE INTERNATIONAL COURSES HEALTH FORM THIS INFORMATION WILL BE HELD IN CONFIDENCE

Please return this form, completed and signed, with a passport –sized photograph of the child named.

Course name: _____ Dates in attendance: _____

Surname: _____ First Name: _____ DOB: _____

IN AN EMERGENCY GLOUCESTER ACADEMY SHOULD CONTACT THE FOLLOWING PERSON/S

Name: _____ Relationship: _____

Address: _____

_____ Post Code: _____

Tel: (Day) _____ Tel: (Night) _____

Mobile: _____

Name of Family doctor: _____

Tel: _____ Address: _____

Does your child suffer from asthma, hay fever, migraine, fits or faints, diabetes or any other illness or disability? **YES/NO**

If YES please give full details

Please continue over/

Is your child allergic to anything? (Antibiotics, any particular food/drink, drug, plasters, animals etc) **YES/NO**

If YES please give full details

Please let us know of any special dietary requirements here

Specifically does your child eat beef? **YES/NO**

Date of last anti-tetanus: _____

Do you authorise us to give your child paracetamol? **YES/NO**

Please hand in any medication required to the welfare staff on arrival, clearly marked with your child's name and full instructions for use.

EMERGENCY PERMISSION

I/We authorise the staff of Gloucester Academy of Music, Beauchamp House Summer Courses, to give permission to the relevant medical authorities to undertake whatever treatment is considered necessary.

Signed (Parent/Guardian*): _____

Date: _____

*please delete