To be completed if a participant has a medical issue e.g. asthma or allergy or is taking any medication that you think we should be aware of.

HENLEY YOUTH FESTIVAL

STAYING SAFE: MEDICAL FORM

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| --- |
| Child’s name:       Age:       Date of Birth:  Address: |
| HYF Event child is attending:             Date:  ***(Please complete a separate form for each Event)*** |
| Does your child suffer from any allergies or medical conditions that the Event Organiser should be aware of?  NO  YES  If YES, please give a brief description of the condition: |
| Does your child have any medication for this or any other condition? NO  YES  If YES, please give full details here:    Is it possible that your child may need to take this medication during the HYF Event? NO  YES  If YES, can your child administer this medication him/herself? YES  NO  If NO, please note that HYF Event Organisers and volunteers can look after and hand out a child’ s Asthma inhaler if required, but they will **not** administer it. They also will **not** administer liquid or tablet medication and if there is a risk of severe allergic reaction where an Epi-pen, or other medication, may be required the parent (or Parent’s representative) is requested to be present at all times during the event.  Do you agree to ensure that you, or your representative will be responsible for administering any such medication? YES  NO |
| In the event of an accident, incident or illness do you give your permission for your son/daughter to receive emergency medical treatment by suitably qualified practictioners? YES  NO |
| In the case of an emergency I can be contacted on the following telephone numbers:  Land line:       Mobile:        Name of 2nd Emergency contact:  Land line:            Mobile: |
| Name, address and telephone number of child’s Doctor: |
| Parent’s Signature: Name (please print):  Date:       **Please return this to the Event Organiser with your booking form** |