



## MEDICAL INFORMATION AND CONSENT FORM

Instructions: This form must be completed by the parent/carer of each student at Le Beat Dance Academy. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the studio immediately if there are any changes to the information provided within the form.

| Section A – Personal Details (please fill in clearly) |        |  |  |       |           |   |
|---|--------|--|--|-------|-----------|---|
| Student's Name  |        |  |  | D.O.B |           |   |
| Address   |        |  |  |       |           |   |
| Parent / Carer Name                                   |        |  |  |       | Gender    | M <input type="checkbox"/> F <input type="checkbox"/> |
| Telephone Contact                                     | Mobile |  |  | Home  |           |   |
| Emergency Contact 1                                   |        |  |  |       | Telephone |   |
| Emergency contact 2                                   |        |  |  |       | Telephone |   |
| Doctor  |        |  |  |       | Telephone |   |

| Section B – Medical Information  |                        |             |                   |           |
|--|------------------------|-------------|-------------------|-----------|
| <b>Please tick if your child suffers any of the following:</b>   |                        |             |                   |           |
| Allergies  | Anaphylaxis*           | Asthma*     | Blood Pressure    | Diabetes* |
| Eczema   | Epilepsy*              | Fainting    | Fits or blackouts | Hay Fever |
| Headaches  | Heart Condition        | Nose Bleeds | Reaction to Drugs |           |
| Sight/Hearing Problems   | Sun Screen Sensitivity |             |                   |           |
| <ul style="list-style-type: none"> <li>Please complete and attach a Known Medical Condition Response Plan</li> </ul> |                        |             |                   |           |
| Other (please specify)   |                        |             |                   |           |
| Is there any other information which you believe may be relevant to the general medical/health care of your child?   |                        |             |                   |           |
|  |                        |             |                   |           |

| Section C – Parent / Carer Authorisation   |      |
|--|------|
| <ol style="list-style-type: none"> <li>In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:               <ol style="list-style-type: none"> <li>the provision of first aid;</li> <li>the provision of analgesics;</li> <li>treatment as outlined in the attached Known Medical Condition Response Plan (where relevant).</li> </ol> </li> <li>I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.</li> <li>I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</li> </ol> <p><b>NB:</b> Parents/carers should note that in the absence of a Known Medical Condition Response Plan, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered</p> |      |
| Parent / Carer Signature   | Date |

The collection the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's dance studio and will be made available to relevant studio staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the Information Privacy Act 2014 and the Health Records (Privacy and Access) Act 1997.