

Please complete and return to stpaulsye@gmail.com, or return in person to a committee member at a rehearsal.

SPYE Membership Details, 2021-2022

Child's name:

Instrument:

Grade achieved / approximate standard:

Parent / carer name:

Contact telephone number:

Email address:

Do you consent to your child leaving the rehearsal site during the break to visit the local shop?

- Yes
- No

Do you consent to your child being photographed/videoed for the purposes of use on our website and social media pages (Facebook and Twitter)?

- Yes
- No

Please see next page for health form.

Member Health Information

to be completed by:

- **Parents / carers of participants (including children of volunteers) under the age of 16**
- Members of the orchestra aged 16 and over
- **Adult volunteers attending the event** (if adults wish to keep their health information confidential they may carry it in a sealed envelope that will be opened only in the case of an emergency)

Participant details

Surname

First name

Date of Birth

Address

GP's Name

GP's telephone number

Address

General health information

Does the participant have any allergies?

No

Yes - What to and established treatment e.g. Brazil Nuts - 1 x Epipen (has

brought 2)

Does the participant have any illnesses or disabilities relevant to this event/activity?

- No
- Yes - details

Is the participant currently taking regular medication?

- No
- Yes - details including the reason for its use

Does the participant self-medicate?

- No
- Yes

Medication: Please label members' medication with their name and provide clear instructions for its use (whether or not they self medicate, dosage, etc)

Inhalers and EpiPens: Ensure a spare, clearly labelled inhaler or EpiPen is brought to the event to be held by the first aider.

Is there any further information the event team should have regarding the participant's health and well-being?

- No
- Yes - details

Emergency contacts

Please provide details of a person who will be contactable at all times during the event/activity

Name _____
Telephone 1 _____
Telephone 2 _____
Relationship _____

Please provide details of a person who will be contactable at all times during the event/activity

Name _____
Telephone 1 _____
Telephone 2 _____
Relationship _____

Consent

I authorise the event team and the first aiders at this event to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present

Parent / carer's signature

Parent / carer's name (printed)

Date
