

STRICTLY CONFIDENTIAL INFORMATION

Student's Name _____ Date of Birth _____

Clarinet Teacher's Name _____ Years of Learning _____

Are you currently a CASSWA Member? **Yes / No**

Parent's Full Name _____

Address _____ Postcode _____

Emergency Telephone _____

Name of Family Doctor _____ Telephone _____

MEDICAL DETAILS

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the CASSWA event? Yes No

Details: _____

Is your child allergic to any of the following?

Penicillin Details _____

Any other drug Details _____

Any food Details _____

Other Details _____

Date of last tetanus vaccination: _____

Medication
Students should carry with them any medication e.g. for asthma or allergies that they require.
Adult organisers of this event are not permitted to give analgesics (painkillers).

Is your child presently taking tablets and/or other forms of medication? Yes No

Does your child self-administer the medication? Yes No

If "yes", state name of medication, dosage and frequency of use:

Other Information
Please provide any other information that will enable the organisers of the scheduled CASSWA event to provide better care for your child.

CONSENT:
Prior to the scheduled CASSWA event I agree to inform the CASSWA organisers of any change to my child's health and/or fitness so that appropriate supervision of my child may be arranged.
I acknowledge that, should it be considered necessary, CASSWA organisers will arrange to present my child for medical assessment.
I am aware that any costs incurred as a result of accident or illness are my responsibility and that the CASSWA organisers are not responsible for any loss or damage to my child's personal property that may occur during the course of the CASSWA event.

Parent Signature: _____ **Date** _____

Do you give consent for your child to be photographed and for these photos to be used for CASSWA promotional material? **YES / NO**

Would you like to hear about future CASSWA events by email? If so, please provide your email address: _____