



MEDICAL INFORMATION FOR YOUTH MEMBER

Members Name:

Parents contact details:

Name:

Telephone Number:

Any Allergies? Yes or No

If yes please describe

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Any restrictions on activities? Yes or No

If yes please describe:

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Medical conditions we should be aware of? Yes or No

If yes please describe:

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Are there any risks we should be aware of such as urgent treatment that may be required? Please describe.

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Who will be the nominated supervisor whilst at Chorus Convention in May 2017?

Name:

Contact number:

Approved by Parent/Guardian:

Signature: Date: