# MEDICAL QUESTIONAIRE

As your child is in our care during rehearsals & performances, we need to know of any medical problems that may arise during that time. If they become unwell we need to know the best action to take, and to be able to inform the medics of their history or what medication they are on if we have to call out an emergency ambulance. It is your responsibility to advise us of any condition that could affect your child.

To be completed by the parent/guardian of cast member Please fill in BLOCK CAPITALS.

Name of Cast Member (in full)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian to be contacted in case of Emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Has your child had any serious illness?If so, please give details | Yes/No | Details: |
| Are you aware of any behavioural problems, anxiety or any tendency to fits of fainting attacks?If so, please give details. | Yes/No | Details: |
| Does your child require any medicines, diet or special treatment or are they allergic to anything?If so, please give details. | Yes/No | Details: |
| Does your child use inhalers?If so please make sure they are brought to rehearsals and let us know if they need help taking them. | Yes/No | Details: |
| Are there any other medical conditions your child suffers from that may affect them whilst they are in our care?If so, please give details. | Yes/No | Details: |
| Does your child require SEN support or have an EHCP.If so, please contact us with details. | Yes/No |  |
| Should it be necessary to call an ambulance for your child, and you cannot make it to the hall, do we have your permission for a member of the YG Committee to accompany them to hospital, | Yes/No |  |
| Please provide the name and address of your GP |  |  |

Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YG/2025