

NOTTINGHAM YOUTH ORCHESTRA

Tour to Vienna

24 - 31 July 2013

CONSENT FORM FOR PARENTS & GUARDIANS

Full name of orchestra member:

Date of birth:

Tetanus: has your son/daughter been vaccinated against tetanus? YES/NO

If yes, please give date:

I agree to or confirm the following:

1. I authorise members of the NYO staff, during the course of the Tour, to approve such medical treatment as is deemed necessary in the event of an accident or illness.
2. I authorise members of the NYO staff, during the course of the Tour, to give my son/daughter a small dose of pain killers such as paracetamol for ailments such as headaches.
3. *Any medical condition and allergies from which, to my knowledge, my son/daughter is suffering, are described in the attached letter, which also gives details of special medical requirements, including drugs/treatment.
(*delete if not applicable)
4. NYO has been notified of any special dietary requirements
5. I undertake to inform Margaret Chadwick in writing of any medical condition which may arise between now and the day of departure for Vienna.
6. I understand that the NYO staff accompanying the Tour will take all reasonable care of my son/daughter but I accept that there will be occasions when he/she will not be under direct supervision.
7. As there will be many photographs taken during the tour, some of them for use in the NYO archives and possibly in future programmes, I confirm that I have no objection to any such photograph which might include my son/daughter being used for such purposes

Signed _____ parent/guardian

Date _____

/see over

Emergency contact details

Full name and address of parents or guardians at which they can be contacted during the Tour:

Telephone numbers:

DAY.....

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EVENING.....

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MOBILE.....

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Alternative emergency contact:

Name:

Relationship:

Telephone:

Address:

Name & address of family doctor:

Doctor's telephone number: