

**EAST AYRSHIRE COUNCIL
PARENTAL CONSENT FORM
EAST AYRSHIRE MUSIC HUB SUMMER SCHOOLS
30 JULY TO 3 AUGUST 2018**

Pupil's Name: _____ **Date of Birth:** _____

School Attended: _____

1 East Ayrshire Music Hub Summer School 2018 10.00 am – 3.00 pm each day.

I agree to my son/daughter (name) taking part in the above-mentioned course and, having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

2 Medical Information

(a) Does your son/daughter suffer from any conditions requiring medical treatment, including medication? If YES, please give brief details.

(b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious? If YES, please give brief details.

(c) Is your son/daughter allergic to any medication? If YES, please specify.

(d) Has your son/daughter received a tetanus injection in the last five years? YES/NO
Please outline any special dietary requirements of your child.

(e) _____

I undertake to inform the leader-in-charge Julie Carrie, YMI Co-ordinator, Civic Centre South as soon as possible of any change in the medical circumstances between the date signed and the commencement of the course.

3 Declaration

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I may be contacted by telephoning the following numbers:

Work: _____ Home: _____

My home address is: _____

If not available at home, please contact:

Name: _____ Tel. No: _____

Address: _____

Name, address and telephone number of family doctor:

Date: _____ Signed: _____