



HEALTH DECLARATION FOR CHILDREN
DURING REHEARSALS & PERFORMANCES

Child's Name: _____ Date of Birth: _____

My child has the following MEDICAL CONDITIONS: _____

[Please put in writing overleaf, instructions with regard to any medication (including inhalers for asthma) that may need to be administered. If your child suffers from any allergy you must put in writing overleaf what action is to be taken in the event of an emergency]

Notwithstanding the condition(s) mentioned above I confirm that my child is medically fit to undertake the performances required and that the performances will not affect his/her health.

I authorise the Company of Four to provide or arrange any medical treatment that my child may need during any time that they are in the care of the Company and I am not present.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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**EMERGENCY CONTACT DETAILS**

Primary Contact Name: \_\_\_\_\_ Secondary Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Home Tel No: \_\_\_\_\_ Home Tel No: \_\_\_\_\_

Mobile Tel No: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_