

National Children's Choir of Great Britain
Off-site Activities
Confidential Medical Questionnaire

Name of participant									
Date of birth									
Name of next of kin:									
Next of kin contact address during the activity									
Contact telephone No. Home:				Work:					
Name and address of participant's doctor:									
Telephone No:				Participant's NHS No :					
Has the participant had any of the following?									
Asthma or bronchitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Allergies to any known medication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heart condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Any other allergies, eg material, food plasters	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fits, fainting or blackouts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Other illness or disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Severe headaches	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Travel sickness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Regular medication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If the answer to any of these questions is Yes, please give details:									
If it is considered necessary, do you agree to mild pain killers (eg Paracetamol) being administered						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the participant received vaccination against Tetanus in the last 10 years?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the participant receiving medical or surgical treatment of any kind from either your family doctor or hospital?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the participant been given specific medical advice to follow in emergencies?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If the answer to either of the last two questions is Yes, please give details here (including dosage of any medicines/tablets)									
In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the party leader.									
I agree to my son / daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.									
Signed						(for participants under 18 years)			
Date:									