**EMERGENCY MEDICAL CONSENT FORM**

**Bright Alpine Brass Festival 14th-16th May 2021**

**Highlighted sections to be completed for adults as well as children**

I give permission to a camp supervisor appointed by the Hyde Street Youth Band Inc. to obtain emergency medical treatment for my child in the event that I cannot be contacted or if a delay in contacting me is likely to lead to further health complications. In so doing, I accept any/all costs associated with such treatment which may include ambulance costs.

Name of attendee ……………………………………………………….…………………………………………..…………………

Medicare number ……………………………………… Family sequence number ………………………

Expiry date …………………………………….. Date of birth ……../………/20………

Ambulance membership number .………………………………………………………………………………………………………

Name of parent/guardian 1 ……………………………………………………….…………………………………………………

Home Phone …………………………………………… Mobile ……………………………………………

Email ………………………………………………………………………………………………………….

Name of parent/guardian 2 ……………………………………………………….…………………………………………………

Home Phone …………………………………………… Mobile ……………………………………………

Email ………………………………………………………………………………………………………….

**HEALTH STATEMENT**

Allergies ………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

Dietary requirements ………………………………………………………………………………………………………………………

Medical conditions ………………………………………………………………………………………………………………………

Current medication ……………………………………….……………… Dose/frequency …………………………..

I **do/do** not give permission for analgesics (paracetamol or equivalent) to be administered to my child at the applicable dose as advised by the manufacturer should this be reasonably required.

……………………………………………………………………………. ……………………………………………………………………

(signed) Parent/Guardian 1 (signed) Parent/Guardian 2

**Email completed for to** [**president@hsyb.org.au**](mailto:president@hsyb.org.au) **by 5.5.21**