

BOX HILL BALLET ASSOCIATION INC. INDEMNITY FORM

Confidential Medical Report
(for Adult Students - over 18 years)

This report is intended to assist the Ballet Association in case of any medical emergency concerning the undersigned. All information is held in confidence.

Surname (please print).....

First Name.....Date of birth.....

Address.....

Postcode.....

Phone.....(H).....(B).....(MOB)

Emergency contact person

Name.....Phone.....

Name and Address of Family Doctor

.....Phone.....

Medicare No......

Do you have Ambulance Membership? Yes.....No.....

Membership No.....

Please tick if you suffer any of the following:

Dizzy spells.... Fits of any type.... Heart condition....

Asthma.... Blackouts.... Migraine....

Other (please specify).....

Allergies to: Penicillin.... Other drugs.....

Any foods.....

Other (please specify).....

What care is necessary?.....

Tetanus Immunisation: date of last Tetanus injection/booster.....

Medications: are you presently taking any form of medication?

Yes.... No....

If yes, please state name of medication and dosage etc.

Consent to Medical Attention

In the event of accident or illness, and when it is not possible to communicate with me, I give permission for the Teacher in charge to arrange whatever transport and/or medical attention he/she deems necessary for me. I understand that I will be responsible for any expenses incurred.

Signed.....Date.....