

**BOX HILL BALLET ASSOCIATION INC. INDEMNITY FORM**  
**Confidential Medical Report**  
**(for Students under 18 years)**

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

**Student's Surname** *(please print)*.....  
First Name.....Date of birth.....  
Parent's/Guardian's Full Name.....  
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 your child suffers 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:**

Is your child presently taking any form of medication? Yes..... No.....  
If yes, please state name of medication and dosage etc.  
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**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 my child. I understand that I will be responsible for any expenses incurred.**

**Signed**.....**Parent/Guardian.**  
**Date**.....