



# Medical Details

for Essex Dance Theatre Summer School

First child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Second child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Third child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's phone no. \_\_\_\_\_

Doctor's address: \_\_\_\_\_

**Please give as much information as you can.** If they've had it, got it or something that looks like it, we need to know so that we can be prepared for any medical emergency. We will only share this information in such an emergency for the safety and wellbeing of your child.

**Any childhood illness?** \_\_\_\_\_

**Any major injuries?**  
(broken bones, etc.) \_\_\_\_\_

**Any medical conditions?**  
(skin or respiratory allergies, asthma, etc.) \_\_\_\_\_

**Any regular medication?**  
(please give details) \_\_\_\_\_

**Any worries or concerns?** \_\_\_\_\_

We request your permission for our staff to act on your behalf in regard to your child's well being and safety. **Please sign to confirm you give your permission.**

Name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_