MEDICAL CONSENT & PERMISSION FORM

NAME OF PLAYER :

INSTRUMENT: **Section:** **AGE @ 1ST SEPT 2011 ……..**

PARENT/GUARDIAN EMERGENCY CONTACT DETAILS

DYO must be able to contact you in case of emergency

PARENT/GUARDIAN 1. ……PARENT/GUARDIAN 2……

DIETARY INFORMATION

PLEASE CIRCLE /GIVE DETAILS WHERE RELEVANT

(unfortunately we cannot cater for simple likes/dislikes but can provide for the following)

VEGETARIAN VEGAN COELIAC DANGEROUS FOOD ALLERGY

Details please……..

MEDICAL INFORMATION

PLEASE INFORM US IF PLAYER HAS ANY COMPLAINT WHICH MIGHT REQUIRE EMERGENCY MEDICAL ATTENTION

SPECIFIC QUESTIONS: circle response

If *you* answer YES to any question, you must give details in space provided or on separate sheet.

Does he/she have epilepsy or diabetes: **YES/NO**

Is he/she using any medication*/inhalers* of any kind? **YES/NO**….....

(*If so, spare set must be given to DYO)

Does he/she have any known allergies? **YES/NO**……

ANY OTHER RELEVANT INFORMATION?

If you wish to clarify/give details, please do so …….

SWIMMING/BALL GAMES/RECREATION PERMISSION

DYO assumes that if a player chooses to do so, he/she is physically fit, able to take part in normal recreational activities including ball games and swimming and has parental permission unless this is specifically contradicted here:

……

PLAYER AND PARENT MUST SIGN HERE

We confirm the above information and our acceptance of DYO Conditions of Membership/ Rules and Residential Rules

PARENT/GUARDIAN 1. ……

PARENT/GUARDIAN 2……

PLAYER …… **DATE**……

- **RETURN THIS FORM BY RETURN /ASAP with CHEQUE €40** PAYABLE **DUBLIN YOUTH ORCHESTRAS, PLAYERS NAME ON BACK OF CHEQUE**.
- **LATEST DATE FOR ARRIVAL OF FORMS: FRIDAY, 20TH OCTOBER**
- **SEND TO WENDY ARLOW , DYO ADMINISTRATOR, 102 WOODFIELD, RATHFARNHAM**
- **ANY ENQUIRIES PLEASE EMAIL INTERS MANAGER: Therese Thornton inter@dyo.ie**