



ATTITUDE MATTERS

Heads UP Medical Form	
To be completed by parent or legal guardian	
Name	
Date of Birth	
Phone contact	
Address:	
Email Contact:	
Please detail any medical condition, including allergies instructors should be aware of, which might affect your child's performance or safety on the course.	
Will your child have taken any medication before the programme?	
Will your child be carrying medication? (asthma/hay fever etc)	
Has your child had a tetanus injection in the last 5 years?	
GP's contact numbers?	
Child's school?	
<i>No instructors will administer any medications to children other than homoeopathic first aid remedies. If a child is ill, attendance needs to be postponed. All medical information will be treated in the strictest confidence.</i>	
I give permission for homoeopathic first aid remedies to be used for my child.	
SIGNED DATE	