

DO
THE DORSET OPERA
FESTIVAL

Medical form

Dorset Opera, the Dorset Opera Festival and the Dorset Opera Summer School are required to ask all participants to provide a record of their state of health, so that where necessary and in the event of an emergency, care can be provided swiftly, safely and effectively. All information disclosed herein will be held in the **strictest confidence**, by the relevant person or designated Health & Safety officer. It will only be referred to by a doctor or qualified individual. If you prefer not to disclose any information, please sign the disclaimer below.

This form must be returned to the Chorus Manager in good time before the start of the Summer School course.

First name(s): _____ Family/last name _____

Sex (Male/Female): _____ Date of Birth: _____

Address: _____

Postcode: _____

Telephone numbers: _____

Name of Doctor: _____ Tel: _____

Practice/surgery name/address: _____

Next of kin:	Relationship to you:	Emergency telephone number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please complete the following as thoroughly as possible, continuing on reverse/bottom of the form if necessary.

Allergies/intolerances: _____

Reactions to the above allergens: _____

How are they treated? _____

Please list all current medications being taken (non-prescribed, alternative, herbal and respective doses):

Have you ever had any of the following problems? (Please circle and provide any important details below)

Cardiac: palpitations, heart attack, atrial fibrillation, hypertension, angina, pacemaker, pericarditis

Respiratory: asthma, chest infection, pneumonia, pleurisy, pneumothorax, pulmonary embolism

Metabolic: diabetes, hypothyroidism, kidney problems, liver problems

Other: epilepsy, blackouts, migraines, anaemia, menstrual problems, mental/emotional problems, embolism/thrombosis, malignant disease, colitis, IBS, gastric problems, stroke/TIA, sepsis, other condition

Please provide any important details about above conditions that you feel we should be aware of:

Surgery/significant injury within the last 12 months: _____

Intended surgery/investigations: _____

Dietary requirements: _____

The Bryanston staff are very accommodating with any special requests or requirements you may have

(Female only) Might you be pregnant? _____ If 'yes', please estimate duration of term: _____ weeks.

I give consent to the administration of oral **paracetamol/ibuprofen** on request (delete if appropriate) _____

Signature of course participant (or parent/guardian if under 18):

I hereby declare that the above is accurate and correct at the date of signature, and that if I have withheld any information, I take full responsibility for the risk this may have upon my/my child's health while attending Dorset Opera.

Signed:

Date:

If you prefer not to disclose personal health information, you must sign and date the boxes below absolving Dorset Opera, Bryanston School, their employees, directors, governors, members and trustees, of all responsibility for any accident, injury or illness that may befall you/your child whilst taking part in the Dorset Opera summer school and performances.

Signed:

Date:

Please complete all sections and return this form to the chorus manager:

cm@dorsetopera.com

or post it to

Chorus Manager, Dorset Opera Festival, Cheselbourne, Dorset DT2 7NP


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