

**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**

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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**.....