# Maryborough Theatre Company
## Medical Form

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|---|---|
| **Name:** | |
| **Date of Birth:** | |
| **Address:** | |
| **Emergency Contact Number 1:** | Name: Ph: |
| **Emergency Contact Number 2:** | Name: Ph: |
| **Medicare Number:** | |
| **Hospital Fund and Number:** | |
| **Do you / your child suffer from the following:**<br><br>**Any special care required?** | ☐ Asthma<br>☐ Epilepsy<br>☐ Diabetes<br>☐ Heart Condition<br>☐ Loss of Hearing<br>☐ Migraine<br>☐ Poor Eyesight<br>☐ Nose Bleeds<br>☐ Fainting |
| **Do you / you child suffer from allergies:**<br><br>**Any special care required?** | ☐ Any foods<br>☐ Penicillin<br>☐ Any other medicine<br>☐ Other |
| **Last year of tetanus immunisation:** | |
| **Are you / your child taking any medication that we need to be aware of:** | ☐ No<br>☐ Yes (Please Describe) |

**Declaration:**
In cases of emergency, and where it is impracticable to communicate with me or my family before, I authorise any adult committee member or member of the production team of the Maryborough Theatre Company Inc. to arrange for immediate medical or surgical treatment as may be deemed necessary (including the use of the ambulance service).

________________________ ______________________________ ________

Signature of Parent/Guardian | Parent/Guardian Name (please print) | Date

Any other comments: ______________________________________________________