

Honorary President: Glyn Bragg



Consent to Emergency Medical Treatment

The Dunbartonshire Concert Band has my permission to obtain emergency medical treatment for my child _____, if I cannot be reached, or if, a delay in reaching my child would be dangerous for him or her.

Parent/Guardian's Name: _____

Home Tel No: _____ Mob Tel No: _____

Email Address: _____

Existing Medical Conditions: _____

My child is taking the following medications: _____

My child is allergic to the following medications _____

My child has the following allergies: _____

Any other information we should be aware of:

Signature of Parent/Guardian: _____

Date: _____

You are required to advise the Secretary of the Dunbartonshire Concert Band of any changes to the information provided.