**Academic Year:- September 2018- 2019**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pupil’s name:**  **Parent’s name:** | |  | | | | **Email:-** | |  | |
|  | | | |
| **Instrument/s:**  **Instrument Teacher:**  **Group/Ensemble name:** | |  | | | | **Grade on Instruments:** | |  | |
|  | | | | **School:-** | | | |
|  | | | |
| **Year Group:-** | |  | |
|  | | | | | | | | | |
| I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (pupils name) participating in ALL rehearsals and performances, including those outside of the Langdale Centre during this school year. | | | | | | | | | |
|  | | | | | | | | | |
| I acknowledge the need for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to behave responsibly. I understand that photographs and/or video footage may be taken for the Local Authority publicity purposes and may be used on the NTMEH web site (please state here if you do not agree to your child appearing on photographs or video footage) | | | | | | | | | |
|  | | | | | | | | | |
| **CONTACT DETAILS** | | | | | **Home Tel:-** | | | |  |
| **Home Address:-** | | |  | | | | | | |
| **Contact 1:**  **Relationship to child:**  **Home Tel:-** | | |  | | **Contact 1:**  **Relationship to child:**  **Mobile Tel:-** | | | |  |
| **Contact 2:**  **Relationship to child:**  **Home Tel:-** | | |  | | **Contact 2**  **Relationship to child:**  **Mobile Tel:-** | | | |  |
|  | | | | | | | | | |
| **ALTERNATIVE EMERGENCY CONTACT** | | | | **Relationship:-** | | |  | | |
| **Name:-** |  | | | **Tel No:-** | | |  | | |
| **Address:-** |  | | | | | | | | |
| bluefooter new.jpg | | | | | | | | | |

**North Tyneside Music Education Hub – Contact Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MEDICAL INFORMATION** | | | **Date of last tetanus:-** | | | |  | |
| **Does your child have any conditions requiring medical treatment including medication? If YES, please give details:-** | | |  | | | | | |
| **Is your child allergic to any medication?** | | | **Yes** | |  | **No** | |  |
| **Please outline any special dietary requirements for your child:-** | | |  | | | | | |
| **Please outline the type of pain/flu relief medication your child may be given if necessary:** | | |  | | | | | |
| **Name of family doctor:-** | |  | **Tel No:-** |  | | | | |
| **Address:-** | |  | | | | | | |
|  | | | | | | | | |
| **Declaration:-** | | | | | | | | |
| I will inform the centre as soon as possible of any changes in the medical or other circumstances between now and the end of the school year. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.  I understand that this consent form applies to all performances and music related visits throughout the year.  I give permission for my child to participate in all musical performances as required by the music centre or band / choir leaders. | | | | | | | | |
| **Signed:-** |  | | **Date:-** |  | | | | |
| **Full name (Capitals):-** | I understand that this information may be shared with other council officers | | | | | | | |

**Please return this form to:- Felicity Briggs, The Langdale Centre, Langdale Gardens, Howdon, NE28 0HG** [felicity.briggs@northtyneside.gov.uk](mailto:felicity.briggs@northtyneside.gov.uk) 01916438318

