

**NORTH SHORE BRASS INC.**

PO Box 100-265
 North Shore Mail Centre
 Auckland
 New Zealand
www.northshorebrass.org
 Charity # CC 28334

BAND ROOM LOCATION

13a Taharoto Road
 Takapuna

NORTH SHORE BRASS YOUTH HEALTH FORM

Band member name _____

Medic Alert number (if applicable) _____

Band Persons doctor

Name: _____

Practice _____

Contact number _____

Please tick if the Band Persons has any of the following conditions

Migraines		Epilepsy		Heart condition	
Diabetes		Travel sickness		Fits of any type	
Asthma		Chronic nose bleeds		Colour blindness	
Dietary		Sleepwalking		Bed-wetting	

Please note any other condition/s of which the Band Management should be aware, including administering of Epi-pens

Is the participant currently taking medication? YES NO

If "yes" please specify the purpose of the medication, name and times the medication is to be taken

Purpose of medication	Name of medication	Dosages and times of Administration of medication

Is there any factor (e.g. recent illness, such as glandular fever, or recovery from injury etc.) which might limit full participation in activities? YES NO

If "yes" please specify:

Date of last tetanus injection: _____

Please indicate what pain or flu medication the band member may be given, if necessary:

ALLERGIES (please specify)

To food	To medications	To insect bites or stings	Other

Please outline any dietary requirements:

To the best of your knowledge, has the band member (or a close family member) been in contact with any contagious or infectious diseases in the last four weeks?

YES NO

If "yes" please give brief details.

Name and contact details of emergency contact:

Name: _____

Phone number: _____

Email: _____

To ensure the best possible experience for the participant and the best service the administrators can provide, please list here any other health-related factor which the course staff may find it helpful to know about. This may include such factors as a fear of heights, darkness or crowded spaces, a mild disability, pregnancy, anxiety about cultural or religious practices, etc

*Information gathered as part of this Youth Health Form will be held adhering to the Privacy Act 2020.
This information is solely for North Shore Brass Inc.*