

**MILLENNIUM MARCHING BAND
MEDICAL DECLARATION**

**(To be completed and returned by all members under 18 years of age.)
JUNE REHEARSAL & BAND BIRTHDAY
Saturday 6 – Monday 8 June 2009**

Name: _____

Has your child suffered from any acute illness during the past four weeks? **YES/NO**
If the answer is YES, please state the nature of the illness:

Has your child been treated by a medical practitioner for any injury during the past four weeks? **YES/NO**
If the answer is YES, please obtain and attach a report from the practitioner(s) concerned with instructions about further treatment, and a certificate stating your child is fit to participate in the activities planned.

Is your child taking any medication at present? **YES/NO**
If the answer is YES, and the medication has been prescribed by a medical practitioner, please obtain and supply full written instructions from the practitioner concerned

In the event of accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require. I also undertake to pay medical and/cost of drugs which may be incurred.

_____/_____/2009
Signature of Parent/Guardian Date

**PLEASE RETURN THIS FORM NO LATER THAN
WEDNESDAY 3 JUNE 2009
Fax to 02 9569 6878 or mail to
The Arts Unit, Locked Bag 3003, SUMMER HILL NSW 2130**