

# Northern Ballet

Northern Ballet will not give your child medicine unless you complete and sign this form.

Name of child: \_\_\_\_\_ DoB: \_\_\_\_\_ Class: \_\_\_\_\_

Medical condition or illness:

## Medicine

Name/type of medicine <i>(as described on container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that Northern Ballet needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

## Medicines must be in the original container as dispensed by the pharmacy

I understand that medication to be self-administered will be brought to class by my child and kept in their bag in the studio for easy access.

I understand that medication my child needs help administering will be handed to the teacher/programme manager at the beginning of class and returned to my child at the end of class.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Guardian/carer)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Northern Ballet staff administering medicine in accordance with the Northern Ballet policy. I will inform Northern Ballet immediately, in writing, if there is any change in dosage or frequency of the medicine (medical evidence must be provided).

Northern Ballet, Quarry Hill, Leeds LS2 7PA  
t. 0113 220 8000  
northernballet.com

Artistic Director David Nixon OBE • Chief Executive Mark Skipper DL • Royal Patron HRH The Earl of Wessex KG GCVO

Charity no 259140. VAT no 202 0374 70. Company Registration no 947096. Northern Ballet Limited registered in England at 2 St. Cecelia Street, Leeds LS2 7PA. Company limited by guarantee and share capital

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If applicable, I will collect the mediation at the end of the school day from the school office.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Guardian/carer)

Guardian/carer name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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