

CONFIDENTIAL MEDICAL QUESTIONNAIRE AND CONSENT FORM 2026



Name of Participant:		Date of Birth:
Home Address:		
		Postcode:
Name of Next of Kin:		
Emergency Telephone Number:		
Alternative Emergency Telephone Number:		
Next of Kin's Contact Address (if different to above):		
		Postcode:
Name and Address of Participant's Doctor:		
Postcode:	Doctor's Telephone No.	

1. Medical Conditions – Have you had, or do you suffer from any of the following?

Please complete as appropriate			
Asthma or Bronchitis		Allergies to Any Known Medication	
Any condition that could be affected by physical activity		Any other Allergies (Food, Plasters, Latex, Animals, Material) – please specify in section 4.	
Fits, Fainting, Blackouts		Other Illness or Disability	
Severe Headaches		Heart Condition	
Diabetes		Regular Medication	
Are you receiving medical or surgical treatment of any kind?			
Have you been given specific medical advice to follow in emergencies?			
Do you have any special needs of which we should be aware?			
Are you able to take over the counter painkillers (e.g. paracetamol) ¹			
Have you received a vaccination against Tetanus in the last 10 years?			
Are you receiving mental health support or treatment (including for anxiety and panic attacks) that you would like us to be aware of?			

If the answer to any of the above is yes, please provide details under section 4 overleaf.

2. Physical Fitness:

Activities *may* involve some or all of, but are not limited to: Lifting and carrying, climbing (including ladders), dancing, running, jumping, falling, stretching and co-ordination. In case of doubt consult your doctor and speak to the relevant member of the creative/production team.

¹ Please note that BAOS do not currently provide any over the counter painkillers.

3. Evacuation Arrangements

If you believe you would require any additional assistance in the event of an evacuation of the rehearsal/performance venue, please give details below to assist in the creation of a Personalised Emergency Evacuation Plan²:

4. Supplementary Information:

Please add any further information which will help us ensure that you have a positive and safe experience. If you answered YES to any previous questions, please include these here:

5. Confirmation and Consent:

I consider myself to be fit and able to participate in rehearsing/performing/crewing/supportive activities with BAOS.

In the event of any illness or accident I consent to any necessary medical treatment which might include the use of anaesthetics.

If any illness or medical treatment occurs after the return of this form, and prior to the activity, I undertake to inform the production manager/representative in writing³.

Signed: _____ (person with parental responsibility, if participant is under 18)

Signed _____ (participant, if aged 18 or over)

Print Name: Date:

Email Address:

²If you have any questions about this section, please speak to a member of the creative/production team and/or committee. ³This should be sent via email to jekyll@baos.org. If you do not have access to email, please speak to a member of the creative/production team or committee.

Personal data provided to Basingstoke and Deane Amateur Operatic Society (BAOS) will be processed in line with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. For more information about how we process your personal details, please see our privacy policy, available on our website.

Registered Charity Number: 1103166