

**DANCE WITH SANDRA MEDICAL FORM**

Name:		DOB:	
Classes Attended:			
Address:			
Telephone Numbers:		Home:	Mobile:
<b>Next of Kin/ Emergency contact details</b>			
Name	Home	Mobile	Other
1.			
2.			
<b>Declaration</b>			
<i>In the case of an emergency you will receive emergency dental, medial or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</i>			
<b>Medical Practice name and address:</b>			
<b>Telephone number:</b>			
<i>By signing this document, you are agreeing that you will adhere to government guidelines in relation to <b>COVID-19</b> and are acknowledging you have read the 'Dance with Sandra COVID rules'.</i>			
<i>This currently includes staying home if you are feeling unwell and self-isolating for 7 days if you have any symptoms, or self-isolating for 14 days if anyone in your household has symptoms.</i>			
<i>You dance at your own risk and will not hold any blame for COVID-19 to Dance with Sandra or Sandra Speck.</i>			
<i>A track and trace system will be in place for each class you attend.</i>			
Signed: _____		Date: _____	
<b>Medical information</b>			
<b>Please provide information of any current or long-standing medical conditions, including medication that I may need to know about.</b>			
<b>GDPR Declaration</b>			
I agree to Sandra Speck keeping my information on file for as long as I attend her classes. This information will not be shared and will be destroyed if you no longer attend any Dance with Sandra classes.			
Signed: _____		Date: _____	