



Theatre Arts for Kids!™ Health/Emergency Information

Student's First & Last Name Home phone # Age Date of Birth M/F

In an emergency, if parent is not available, contact:

1) _____
Name Relationship Day phone/pager # Cell phone #

2) _____
Name Relationship Day phone/pager # Cell phone #

Health History *Check each box for which your child has current vaccinations:*

- Chicken Pox Rubella Mumps Whooping cough
- TB Tetanus/Diphtheria Polio Hepatitis

Do we have your permission to provide Tylenol to your child in the event of minor aches, should we be unable to reach you or the emergency contacts? Yes No

• *Check each box if your child has past or present medical complications with:*

- Diabetes Epilepsy Heart arrhythmia Kidney trouble
- Digestive problems Rheumatic fever A.D.D. Other

Detailed explanation: _____

List medications you will provide and proper dosage: _____

• *Check each box if your child has any allergies to:*

- Hay fever Poison Oak Penicillin Sulfa Drugs
- Lactose intolerance Other medicines Insect bites Other

Detailed explanation: _____

List medications you will provide and proper dosage: _____

Should there be extenuating family circumstances (illness, separation or divorce or any other family health issues) that may affect your child while attending Theatre Arts for Kids™, please fill out a Confidential student information form.

• *Student's family physician* _____ *Phone #* _____

• *Student's dentist* _____ *Phone #* _____

Family health insurance carrier _____ *Subscriber #* _____

• *Primary Subscriber* _____ *Verification Phone #* _____

IN CASE OF EMERGENCY: I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge, to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my son/daughter.

Parent signature _____ Date _____