



# 2011 Summer Academy Health Form

All information included in this form will be kept confidential.

(Please print clearly)

Student's Name \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Mother's Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Father's Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Father's Email \_\_\_\_\_

**Emergency Contact (this person is authorized to pick up student in the event of an emergency)**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Insurance Information**

Is student covered by family medical/hospital insurance?  Yes  No

Carrier or Plan Name \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Dentist/Orthodontist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

**Health History**

Date of last physical exam (Month/Year) \_\_\_\_\_

Please list any past or current health conditions \_\_\_\_\_

\_\_\_\_\_

Please list any operations or serious injuries, along with month/year \_\_\_\_\_

\_\_\_\_\_

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Please list any allergies. Describe reaction and management of the reaction. \_\_\_\_\_

### **Medication**

Student takes NO medication on a routine basis

Student takes medication as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Times \_\_\_\_\_

Reason for taking medication \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Times \_\_\_\_\_

Reason for taking medication \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Times \_\_\_\_\_

Reason for taking medication \_\_\_\_\_

### **Restrictions**

Describe any limitations or restrictions on student activities \_\_\_\_\_

Additional information for Kids On Stage Staff and/or Nurse \_\_\_\_\_

**Important** – If your child has any current illness or special condition requiring medication during Summer Academy, you MUST consult with the Kids On Stage staff nurse before your child will be permitted to attend Summer Academy. You will be contacted if this applies to your child.

### **Parent/Guardian Emergency Authorization Release Agreement**

This health history is correct and complete to the best of my knowledge. I hereby give my permission to Kids On Stage to provide routine healthcare, administer prescribed medications, and seek emergency treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referrals, billing, or insurance purposes. I give permission to Kids On Stage to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Kids On Stage to secure and administer treatment, including hospitalization, for the student named above.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



### **FOR KIDS ON STAGE USE**

Medical condition      Parent Consultation \_\_\_\_\_

*Please return this Health Form with application to: Kids On Stage™ • PO Box 446 • Franklin, TN 37065*