



2010 Kids On Stage Summer Academy Medical 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 _____

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 disability 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.

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 _____