

ETC HEALTH INFORMATION

ETC asks that each student submit a health form signed by his or her physician. Note any special conditions of which we should be aware (allergies, medication, etc.). This should be mailed to us as soon as possible or brought with you when you arrive. We must have the Permission to Treat form in order for you to begin the program. A twenty four hour medical facility is located six miles away in Laporte, PA. **NOTE: If your parents will be away from home over the summer, please ask them to alert us in advance and provide an appropriate phone number in case of an emergency.**

PERMISSION TO TREAT

In the event that my son/daughter _____ requires medical attention, I hereby grant permission for the Ensemble Theatre Community School to arrange it. I understand that I shall be notified of any emergency as soon as possible.

Signed _____ Date _____

MEDICAL DATA

Name: _____ Birth date: _____

Person to Notify in Case of Emergency: _____

Relationship: _____ Phone Number(s): _____

Health Insurance Policy Number(s): _____

Carrier(s) and Address(es): _____

Date of last Tetanus Shot: _____

Please list any allergies : _____

Please list any medication you take regularly and the reason you

require it:_____

Describe any injuries or conditions which might restrict physical activity:_____

Please list any dietary restrictions:_____

Please list any recent illnesses or physical injuries of the last six months:

Please note any health problems, learning disabilities or family circumstances which would require special attention:_____

If there is any other information we should know about your health, please list it here:_____

Please return this form with a **note from your doctor** certifying your good health. He or she may also sign this form directly.