

ETC HEALTH INFORMATION

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 _____

EMERGENCY CONTACTS

Person to Notify in Case of Emergency: _____

Relationship: _____ Phone Number(s): _____

Alternate Emergency Contact _____

Relationship _____ Phone Number(s): _____

INSURANCE INFORMATION

Student's Name: _____

Birth date: _____

Health Insurance Policy Number(s): _____

Name of Insured _____

Insurance

Carrier _____

Insurance Carrier Address _____

Insurance Carrier Phone Number: _____

MEDICAL DATA page 1

Student's Name: _____

Birth date: _____

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: _____

MEDICAL DATA page 2

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

Name of Doctor: _____

Doctor's Address: _____

Doctor's Phone Number: _____-

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

I certify that _____ is in good health and has no restrictions on activity other than noted above.

_____ Date: _____

WE MUST RECEIVE THIS FORM PRIOR TO ARRIVAL AT ETC.