

**Thalian Association Community Theatre
Youth Theatre Academy
All students must return this form**

MEDICAL AND EMERGENCY CARE INFORMATION

NAME OF CHILD _____ Age _____ Date of birth _____

NAME OF PARENT(S) OR GUARDIAN _____

Home phone _____ Work phone _____ Alternative # _____

IF PARENT(S) OR GUARDIAN CANNOT BE REACHED, IN CASE OF EMERGENCY
CALL:

Responsible Adult _____ Day phone _____

1. Any known allergies? Please specify: _____

2. On any medication for any reason? Yes _____ No _____

If yes, we cannot administer any drug or medication without specific written instructions
from the physician or the parent/guardian.

Please list medications: _____

3. Previous hospitalizations? Yes _____ No _____ Why? _____

4. Any physical handicaps? Yes _____ No _____ If yes, please explain:

5. Any history of: mental retardation, convulsions, diabetes in family, history of heart
trouble? Yes _____ No _____
If yes to any, please give details: _____

6. Is the child under the care of a doctor? Yes _____ No _____
If yes, please explain: _____

7. Name of physician: _____ Phone _____

8. Name of dentist: _____ Phone _____

9. Hospital preference: _____

Permission is given for the director, teacher or counselor to determine whether a situation
requires (1) simple first aid, (2) advice from the designated physician or (3) immediate transport
to a medical facility. Permission is given for the director, teacher or counselor to transport the
child to the designated hospital or nearest medical facility.

Parent/Guardian signature

Date