

Messiah College Young Filmmakers Workshop
Medical Form

Student's Name: _____ Date of Birth: _____

Name of Parent or Guardian: _____

Address: _____

Place of Employment: _____

Home Phone:(____) _____ Work Phone:(____) _____

Another Person who will likely know where you can be reached:

Name: _____ Phone:(____) _____

If you plan on being away from home during camp, please indicate how we can contact you in case of emergency: _____

Name of Insurance Co.: _____ Policy #: _____

In whose name is the insurance listed?: _____

Does the participant have any special dietary needs? Yes No If so, please describe:

Does the participant have a disability that requires special accommodations? If so, please describe:

Please read, date and sign:

If my child needs medical treatment while participating in the workshop, it is my wish that treatment be started immediately if it is deemed necessary by a physician, with the understanding that every effort will be made to notify me in case of any major injury or illness. I will accept responsibility for all costs related to such treatment.

Date: _____ Signature: _____

Medications

Please list any medications your child is currently taking:

Prescription: _____

Over the Counter: _____

Drug Sensitivities: _____

Allergies: _____

Please circle any of the following that you approve workshop staff, including the designated resident assistant administer to your child? (circle)

Tylenol

Benadryl

Tums

Students, please read, date and sign the following I, _____, am aware that I may NOT share any medications with other participants.

Signature of Participant: _____ Date _____

Parents, please read, date and sign the following:

_____ will bring the following medications with him/her to the workshop. He/she
(name of participant)

has my permission to take them, only as dispensed by his/her designated resident assistant, and only according to the prescribed directions on the container. He/she may not share them with any other participant.

Medications: _____

Parent Signature: _____ Date _____

Mail or email to:

Messiah College
Young Filmmakers Workshop
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Mechanicsburg, PA 17055
youngfilmmakers@messiah.edu