

Messiah College Theatre Arts Academy Medical Form

Student's Name: _____ Date of Birth: _____

Name of Parent or Guardian: _____

Address: _____

Place of Employment: _____

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

If away from home/work during intensive, please indicate how to reach you in an emergency:

Alternate Contact & Phone: _____

Insurance Company: _____ Policy #: _____

In whose name is insurance listed: _____

Does student have any special dietary needs? Yes No If yes, 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.

Parent Signature:

_____ Date: _____

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 the workshop staff to administer to your child:

Tylenol Benadryl Tums

Students, please read, date and sign:

I, _____, am aware that I may not share any medications with other participants.

Student Signature: _____ Date: _____

Parents, please read, date and sign:

_____ will bring the following medications with him/her to the workshop. He/she has my permission to take them, only as dispensed by staff and only according to the prescribed directions on the container. He/she may not share them with any other participant.

Medications:

Parent Signature: _____ Date: _____