

AVALON THEATRE COMPANY
Summer 2010

THEATRE DAY CAMP

HEALTH & MEDICAL FORM

In case of a medical emergency, this form will accompany your child, therefore it is essential that it is completed in full.

CHILD' S NAME _____

DATE OF BIRTH: ____/____/____

HOME ADDRESS : _____

POSTAL CODE: _____ CITY : _____

HOME TEL. NUMBER: _____

PARENT EMAIL: _____

MOTHER'S NAME _____

MOBILE NUMBER: _____

FATHER'S NAME _____

MOBILE NUMBER: _____

ADDITIONAL EMERGENCY CONTACT _____

MOBILE NUMBER: _____

CHILD'S DOCTOR: _____

DOCTOR'S ADDRESS: _____

POSTAL CODE: _____ CITY : _____ TEL. NUMBER: _____

HEALTH HISTORY:

Does your child have any chronic or recurring illnesses or conditions? (i.e. Asthma, Diabetes, Epilepsy or ADD)

Has your child been admitted to hospital in the past year. If “Yes” please explain illness, injury etc.

Does your child currently have a medical condition requiring the regular intake of medication? Yes No. If yes, please list condition, medication and if child will be bringing medication with him to Camp.

Does your child have a history of emotional or mental disturbances? Yes No. If “Yes”, please explain so that we can better understand your child:

Is your child allergic to any medications? (Either non-prescription, such as aspirin or acetaminophen or prescription medications such as penicillin.)

Does your child have any food restrictions or special diet?

Does your child have any additional allergies? (i.e. pollen, bee stings etc)

Are there any camp activities in which your child can not participate due to a medical condition? (Dance and movement class etc.)

***Parent/Guardian Authorizations:** This health history is correct and complete as far as I know. The child herein described has permission to engage in all camp activities except as noted.

I hereby give permission to Avalon Theatre Company to seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the child named above.

Signature of Parent/Guardian _____ Date: _____

Printed Name of Parent Guardian _____

** If for religious reasons, you cannot sign this, contact us for a legal waiver which must be signed for attendance.*