



Medical Information Form

Child: Name (first) _____ (last) _____

Parent # 1: Name: _____ Lives in household with child: Yes ___ No ___

Phone #'s: Home: _____ Work: _____ Cell: _____

Email address: _____

Parent # 2: Name: _____ Lives in household with child: Yes ___ No ___

Phone #'s: Home: _____ Work: _____ Cell: _____

Email address: _____

In case of emergency, what is the best number to get ahold of you? _____

Emergency Contact Information: In the case of an emergency, we will first attempt to contact the parents/guardians. If they cannot be reached, the camp will contact the below authorized emergency contact. *If I choose not to provide an emergency contact, I realize that if parents/guardians cannot be reached, ETC will not have a person selected by myself to contact.*

Name: _____ Relationship to Child: _____

Best contact number(s): _____

Please list any other adult (other than parents/guardians listed above – both automatically have pickup authorization), who is allowed to pick-up the child from camp (including emergency contact.):

Medical/Health Information:

If child has medical concerns or allergies, please make sure to fill in all pertinent information below:

Medical Concerns or Allergies of Child: None ___ Yes ___ Details: _____

Current Medications: _____

Activities Child Should Not Participate In (please explain): _____

Physician Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

Insurance Carrier: _____ Preferred Hospital: _____

Pre/Post Care:

Ensemble Theatre Company, Ltd does not provide pre/post care opportunities at this time. Please do not drop child off more than 15 minutes before the start of camp (9:00 am) in the morning. In the afternoon a pickup grace period of 15 minutes is allowed. After that grace period (4:15 pm) there will be a charge of \$1.00 per minute, non-emergency related.

I certify that all of the above information is correct and accurate to the best of my knowledge. I understand and agree to the policies of Ensemble Theatre Company, Ltd.

Parent/Guardian Printed name: _____ Date: _____

Signature: _____