

STAGE DOOR CONSERVATORY

Emergency Instructions and Contact Information

Child's Name _____ Birth Date _____

Address _____

Home Phone _____ Email _____

Father/Guardian Name _____ Day Phone _____

Mother/Guardian Name _____ Day Phone _____

EMERGENCY CONTACT INFORMATION

Name _____ Day Phone _____ Relationship _____

Name _____ Day Phone _____ Relationship _____

Name _____ Day Phone _____ Relationship _____

Name _____ Day Phone _____ Relationship _____

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, certify that I am the legal parent/guardian of the above named child and that he/she is in good health and has had a physical within the past two years. I do hereby consent to any examinations, x-rays, medications and anesthesia, and surgical treatment of the above named minor that may become necessary based on the recommendations that may be made by the attending physicians overseeing his or her care or to which I have given consent in STAGE DOOR CONSERVATORY's Health Form. It is understood that this consent is given in advance of any accident or illness that may require diagnosis and treatment, but is given to encourage physicians to use their best judgment and to proceed immediately with any necessary treatment. This authorization for diagnosis and treatment is valid only in the event that the undersigned parent or guardian cannot be reached in case of emergency and shall remain in effect until revoked in writing.

In case of a medical emergency, if I cannot be reached, I give my permission for my child to be transported to the following hospital at my expense:

Name	Address	Phone
------	---------	-------

If no hospital is listed above, I permit and authorize STAGE DOOR CONSERVATORY personnel to transport or arrange ambulance transportation to the nearest emergency facility (ALTA BATES HOSPITAL). I understand I will be notified immediately using contact information I have provided if my child is experiencing a medical emergency. In the case of a non-threatening injury, I understand I will also be called and my instructions for care will be requested and followed.

I agree to assume any and all risk of accident or injury to child may sustain from whatever cause in connection with his or her participation in STAGE DOOR CONSERVATORY's day camp. I further agree to hold Stage Door Conservatory, its employees, agents and Board of Directors, harmless should any accident or injury occur to my child. I understand that no medical insurance is provided by STAGE DOOR CONSERVATORY itself.

Parent/Guardian Signature: _____ Date _____

STAGE DOOR CONSERVATORY

Health Form

Child's Name _____ Birth Date _____

MEDICAL INSURANCE

Physician's Name _____ Phone _____

Physician's Address _____

Health Insurance Provider _____

Child's Medical Subscriber # _____ Group # _____

Child's Date of Birth _____

My child has the following allergies:

ALLERGY	Reaction	Treatment

My child has the following drug sensitivities:

ALLERGY	Reaction	Treatment

My child has the following medical conditions (i.e., asthma):

CONDITION	Necessary precautions	Treatment – Please attach additional instructions if needed

My child takes the following PRESCRIPTION medications which I will provide in its/their original container in a sealed bag inscribed with my child's name and dosage instructions on the first day of camp:

MEDICATION	DOSAGE	FREQUENCY	ORDERED BY MD?	NOTE

My child takes the following OVER THE COUNTER medications which I will provide in its/their original container in a sealed bag inscribed with my child's name and with dosage instructions on the first day of camp

MEDICATION	DOSAGE	FREQUENCY	ORDERED BY MD?	NOTE

My child may take the following OVER THE COUNTER medications administered by STAGE DOOR CONSERVATORY. I understand that the camp cannot administer any OTC medication without my permission.

MEDICATION	Route	Dosage	Schedule/Indication	MD approved?	Comment
Tylenol	Tab	Per label instructions by age/weight	Q 4 hour PRN for pain or fever	YES NO	
Ibuprofin	Tab	Per label instructions by age/weight	Q 4 hour PRN for pain or fever	YES NO	
Aspirin	Tab	Per label instructions by age/weight	Q 4 hour PRN for pain or fever	YES NO	
Benadryl	Tab	Per label instructions by age/weight	Q 6 hour PRN for allergic reaction	YES NO	
Pepto-Bismol	Chewable Tab	Per label instructions by age/weight	Q 30 MIN to 1 hour PRN for diarrhea	YES NO	
Children's Mylanta	Chewable Tab	Per label instructions by age/weight	BID – TID	YES NO	

I believe my child is able to participate in all camp activities with the following restrictions and recommendations:

SIGNATURE: _____ DATE: _____