

Community Arts Norristown – 2018 MEDICAL RELEASE FORM



Complete and return by mail or email before the first day of class.
Students may not be allowed to participate in certain activities if this form is not returned.

CONTACT INFORMATION

Student Name _____ Birth Date _____ Male/Female _____
Last First M.I. Month/Date/Year Circle one

Home Address _____
Street & Number City State ZIP

Guardian Name _____ Phone 1 _____ Phone 2 _____

Email _____ Relationship to student _____

Emergency Contact 1 _____ Phone _____ Relationship _____

Emergency Contact 2 _____ Phone _____ Relationship _____

HEALTH INFORMATION

Student's Physician _____ Phone _____

Health History. Please check all that apply. If condition is chronic (ongoing), please describe management.

Asthma _____	Diabetes _____	Seizures _____	Ear Infections _____
ADD/ADHD _____	Vision Issues _____	Hearing Issues _____	Mobility Issues _____
Aspergers/Autism _____	Other behavioral _____	Other health _____	

Notes/care _____

Please list all known allergies. Describe reaction and allergy management.

If student must take medication (including EpiPens) while at Community Arts Norristown, please deliver it to the Camp Director with instructions on administration. Please list medications below.

Please list any activities that the student should not be allowed to participate in for health reasons, and why.

MEDICAL RELEASE

I understand that the medical information reported above is correct. I give permission for CAN to arrange for treatment by a medical professional if I cannot be reached in an EMERGENCY.

Guardian's Signature _____ Date _____