



# Education Department Student Medical Form

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are there any **medical problems** or **conditions** of which we need to be aware?  Yes  No

If yes, please explain:

Is the student taking any **medications**?  Yes  No

Please list medications and how often they are taken:

Does the student have any **allergies**?  Yes  No

Please list food, medicine, and environmental allergies:

May we give your child any of the following without calling you:

Aspirin  Yes  No

Tylenol  Yes  No

Ibuprofen  Yes  No

Names and phone numbers of **parents/guardians, relatives or friends** we may contact in case of emergency.

Name	Phone Number	Type of number	Relationship
_____	_____	home work cell	_____
_____	_____	home work cell	_____
_____	_____	home work cell	_____
_____	_____	home work cell	_____

In case of emergency, I, \_\_\_\_\_, give my permission to Ocala Civic Theatre

Name of Parent or Guardian

to obtain emergency medical treatment for my child \_\_\_\_\_.

Name of Child

Signature: \_\_\_\_\_

Date: \_\_\_\_\_