



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: _____