

The Academy at OCT Student Medical Form

Student's Name:		Date of Birt	h:
Parent/Guardian:		Phone:	
Address:			
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 ? Please list medications and how often they a	Yes N are taken:	Jo	
Does the student have any allergies ? Yes No Please list food, medicine, and environmental allergies:			
May we give your child any of the following Is your youth fully vaccinated for Corona		Tylenol	Yes No Yes No Yes No No
Names and phone numbers of parents/guardians, relatives or friends we may contact in case of emergency.			
Names and phone numbers of parents/guar		us we may contact in case	
Name	Phone Number	Type of number	Relationship
		home work cell	
In case of emergency, I,			ala Civic Theatre
to obtain emergency medical treatment for my child Name of Child			

Signature: _____ Date: ____