



# 2020 *Riotous* YOUTH MEDICAL EMERGENCY QUESTIONNAIRE

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Participant Name

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Session(s)

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Date of Birth

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**PLEASE CONTACT IN CASE OF AN EMERGENCY** (include parents or guardian)

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Name #1

---

Relationship to Child

---

Home Address

---

State

---

Zip

---

Phone (day)

---

Phone (evening)

---

Cell Phone

---

Email

---

Name #2

---

Relationship to Child

---

Home Address

---

State

---

Zip

---

Phone (day)

---

Phone (evening)

---

Cell Phone

---

Email

---

**PRIMARY PHYSICIAN**

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Name

---

Office Phone

---

**SECONDARY PHYSICIAN**

---

Name

---

Office Phone

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**HEALTH INSURANCE**

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Policy Holder

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Policy Number

---

Insurance Company



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## MEDICAL INFORMATION

Please list any medical condition for which you are currently being treated:

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Please list any medication you take regularly:

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Please list all allergies, their severity and treatment:

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Please list all dietary restrictions:

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Please list any physical condition that might affect your ability to perform physical movement exercises:

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Please explain anything else regarding your medical condition that you think would be important for us to know:

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My signature below verifies that the above representations are true and represent the best and most complete information about my current health status.

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Signature of Parent or Legal Guardian

Date

This form will be retained in a confidential location and be referred to in case of emergency.

Please contact Megan Marchione, Education Programs Administrator, at (413) 637-1199 ext. 172 or at [mmarchione@shakespeare.org](mailto:mmarchione@shakespeare.org) should any information contained herein change or if you have any questions.

***\*Riotous Youth is a teaching program of Shakespeare & Company, a Massachusetts Not-for-Profit Corporation.***