



MEDICAL EMERGENCY FORM

Participant Name

Session(s)

Date of Birth

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

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

Name

Office Phone

SECONDARY PHYSICIAN

Name

Office Phone

HEALTH INSURANCE

Policy Holder

Policy Number

Insurance Company

MEDICAL INFORMATION

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

Please list any medication you take regularly:

Please list all allergies, their severity and treatment:

Please list all dietary restrictions:

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

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

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

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 should any information contained herein change or if you have any questions.

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