ACADEMY OF MUSIC **Summer Musical Theater Workshop**

Medical Information and Record of Immunization Parental Consent Form

Academy of Music Theatre
274 Main Street
Northampton, MA 01060

This information is STRICTLY CONFIDENTIAL and is required for attendance in all Summer Musical Theater Workshops. Return completed form to Education Director on or before the first day of your Workshop session.

Participant Name: _____ Date of Birth: _____
Participant Name: _____ Date of Birth: _____
Participant Name: _____ Date of Birth: _____
Participant Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Relationship: _____
Address: _____ Mobile Phone: _____
_____ Work Phone: _____
Email: _____ Home Phone: _____

Parent/Guardian Name: _____ Relationship: _____
Address (if different): _____ Mobile Phone: _____
_____ Work Phone: _____
Email: _____ Home Phone: _____

Name of another adult in case of emergency: _____
Relationship: _____ Phone: _____

Allergies to foods, drugs, or other substances: _____
_____
_____

EpiPen: ___ Yes or ___ No

On the back of this form, please describe any other relevant health information that you think might affect your child's participation in our program.

Please contact your family health care provider for the following information:

Provide an up-to-date copy of each child's state required immunizations.

This program requires dancing, stepping up and down onto platforms, moderate aerobic activity, singing, vocal projection, and interactions with peers. Is this child/are these children physically and mentally able to participate in the Academy of Music's Summer Musical Theater Workshop?

Participant Name: _____ Physically and mentally able: ___ Yes or ___ No
Participant Name: _____ Physically and mentally able: ___ Yes or ___ No
Participant Name: _____ Physically and mentally able: ___ Yes or ___ No
Participant Name: _____ Physically and mentally able: ___ Yes or ___ No

Signature of Health Care Provider: _____ Date: _____