

NCHS DRAMA CLUB MEDICAL FORM

Student Name: _____

Parent Name 1: _____

Parent 1 Cell Phone: _____ Parent 1 Work Phone: _____

Parent Name 2: _____

Parent 2 Cell Phone: _____ Parent 2 Work Phone: _____

Home Phone: _____

Emergency Contacts (Other than Parents)	Relationship:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Physician Name: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Is the student allergic to any medication/drugs? _____ yes _____ no

If yes what medication: _____

Other Allergies we should be aware of: _____

Is the student a Diabetic? _____ yes _____ no

Is the Student an asthmatic? _____ yes _____ no

Prone to Migraines? _____ yes _____ no

Prone to Seizures? _____ yes _____ no

Prone to problems with low blood sugar? _____ yes _____ no

Please list any additional medical problems we should know: _____