

HEALTH HISTORY FORM

STUDENT Name _____ PARENT Names _____

Home Phone _____ Work Phone _____ Cell Phone _____

IN CASE OF EMERGENCY, IF PARENT CANNOT BE REACHED, CONTACT:

1. _____
NAME DAY PHONE CELL PHONE

2. _____
NAME DAY PHONE CELL PHONE

Name of Child's Doctor _____ Doctor's PHONE _____

Name of Child's Dentist _____ Dentist's PHONE _____

The following information will be released to the staff of Clocktower Players, as well as any emergency medical personnel, so that any necessary and/or appropriate accommodations can be made to ensure the safety of your child and enable him to successfully participate in CLOCKTOWER PLAYERS.

Students 5+, please indicate that you have been vaccinated against COVID-19.

YES _____

Please provide proof of an FDA or WHO-authorized vaccine.

Students under 5 years old, please indicate that you plan to vaccinate against COVID-19 as soon as it is available.

YES _____

Please indicate health problems that may require any accommodations:

__ speech impairment __ visual impairment __ hearing impairment __ neurological impairment
__ behavioral/emotional disorder __ anxiety disorder __ seizure disorder __ bleeding/clotting disorder
__ cardiac condition __ learning disability __ diabetes __ other (specify) _____

Allergies:

__ food (specify) _____
__ penicillin
__ insect bites or stings
__ medication (specify) _____
__ asthma

If your child has asthma, does he/she have an inhaler or other medication that should be administered? If so, please include a separate letter with name and dosage as well as conditions under which it should be administered. If your child will be taking medication while at CLOCKTOWER PLAYERS please include a separate letter with name and dosage, as well as conditions and/or times under which it should be administered.

Does your child have any chronic or recurring illness we should be aware of? _____

Any specific activities to be limited or encouraged by physician's advice? _____

Any dietary restrictions? ____ Yes ____ No

If Yes, please specify: _____