

Broadway @ Barton

Health Information & Parental Release Form

THIS FORM IS TO BE COMPLETED AND PRESENTED AT CHECK-IN.

An actual physical for camp is NOT necessary as long as all information is complete, correct, and that the student has had a physical in the past 24 months.

Name _____
Last First Middle

Sex Male / Female

Address _____

City _____ State _____ Zip _____

Phone Number _____ Age _____

Date of Birth ____/____/____

Parent/Guardian Name _____

Phone Number _____ Email _____

EMERGENCY CONTACT

Name _____

Relationship _____

Phone Number _____ Email _____

Part One: Parental Authorization

I understand and certify that my child's participation in the Broadway @ Barton program is completely voluntary. I understand that certain hazards and dangers are inherent in the aforementioned theatre program, and I acknowledge that although Barton Community College has taken measures to minimize the risk of injury to camp participants, Barton Community College cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I

have instructed my child in the importance of abiding by the college's rules and procedures for the safety of program participants.

I understand that parents are contacted in the event their child receives professional medical attention. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the attending physician secured by Barton Community College to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child.

Signature of Parent _____

Date _____

If you carry medical insurance, please indicate:

Insurance Carrier _____

Phone Number _____

Policy Holder's Name _____

Policy # _____

Part Two: Health Information

___ Frequent Ear Infections ___ Asthma ___ Diabetes ___ Heart Defect

___ Convulsions ___ Epilepsy ___ Hyperactivity ___ ADD

___ ADH ___ Bedwetting ___ Sleepwalking

Allergies:

___ Food Allergies: _____

___ Medicinal Allergies: _____

___ Other: _____

Immunizations: All immunizations must be up to date. Indicate dates of basic immunization or most recent booster.

_____ DPT _____ Polio _____ Measles

_____ Current Tetanus (If date cannot be supplied, please initial this statement: "In case of an emergency, the attending physician may administer a tetanus booster." _____)

Operations, Serious or Chronic Illnesses:

Dietary Modifications:

Prescription Drugs Currently Being Taken: _____
(include instructions)

Part Three: Health Examination Record

I certify that the information provided herein is true, complete, and correct to the best of my knowledge. I also attest that the person herein described has had a medical examination within the past 24 months.

Date of Last Physical: _____

Physical Restrictions:

Special Needs While At Camp:

Parent's Signature _____

Date _____

Name & Phone Number of Family Physician:

Broadway @ Barton
Barton Community College
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Great Bend, KS 67530
(620) 786-1187