



## MEDICAL RELEASE FORM

You must provide all information requested on this form in order to be considered for casting in this production

**PLEASE PRINT**

**ATTACH A COPY OF INSURANCE CARD**

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Legal Last Name, First Name, Middle Initial (day/month/year)

**NOTE: Provide the following information in case of emergency care.  
PLEASE be as accurate as possible and list everything. If none, so state.**

1. Allergies to food, medication, etc. \_\_\_\_\_

2. Special medical problems: \_\_\_\_\_

3. Does student carry medication on person? YES \_\_\_\_\_ NO \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

4. Do you give permission for YTHC to administer non-prescription medication such as Tylenol, Pepto-Bismol, cough drops? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Family Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Date of last Tetanus Shot: \_\_\_\_\_

7. Medical Insurance Company: \_\_\_\_\_

Insurance Number: \_\_\_\_\_ Person Carrying Insurance: \_\_\_\_\_

Copy of insurance card attached? YES \_\_\_\_\_ NO \_\_\_\_\_

Father/Male Guardian Day phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Mother/Female Guardian Day phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

### EMERGENCY PHONE NUMBERS (other than numbers listed above)

Phone Number: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN'S SIGNATURE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature