

Participant Name

Session(s)

Date of Birth

**PLEASE CONTACT IN CASE OF AN EMERGENCY** (include parents or guardian)

Name #1

Relationship to Child

Home Address

State

Zip

Phone (day)

Phone (evening)

Cell Phone

Email

Name #2

Relationship to Child

Home Address

State

Zip

Phone (day)

Phone (evening)

Cell Phone

Email

**PRIMARY PHYSICIAN**

**SECONDARY PHYSICIAN**

Name

Name

Office Phone

Office Phone

**HEALTH INSURANCE**

Policy Holder

Policy Number

Insurance Company

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**MEDICAL INFORMATION**

Please list any medical condition for which you are currently being treated:

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Please list any medication you take regularly:

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Please list all allergies, their severity and treatment, as well as any dietary restrictions:

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Please list any physical condition that might affect your ability to perform physical movement exercises:

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Please let us know anything else about your child that you think is important for us to know, to help ease your child's transition into our programming (ex. Sensitive to loud sounds, needs a quiet corner when overstimulated, etc.):

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My signature below verifies that the above representations are true and represent the best and most complete information about my current health status.

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Signature of Parent or Legal Guardian

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Date

This form will be retained in a confidential location and be referred to in case of emergency.

Please contact Caitlin Kraft, Riotous Youth Programs Manager, at (413) 637-1199 ext. 132 or at [ckraft@shakespeare.org](mailto:ckraft@shakespeare.org) should any information contained herein change or if you have any questions.

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