

After School Arts Program  
**Medical Release and Health Information**

**Parent or Guardian Authorization:**

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician). I authorize the officials at **CREATE a Beat!** to release as necessary any and all information included in this form in the event such information is required for emergency treatment of injury or sickness. The undersigned, understands and agrees that medical treatment and payment for medical treatment are his/her responsibility and that neither the **CREATE a Beat!** officials, organizations, sponsors, nor any other party assumes responsibility for such treatment or payment for treatment.

Name:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth:	Social Security Number:		
Address:			
City:	State:	Zip:	
Medical Insurance Company:			
Policy #:	Member #:		
<b>Medical Information</b>			
Family Physician:		Phone:	
Date of Last Tetanus Shot:	Do you wear Contact Lenses?		
Do you have any religious beliefs or other issues that prohibit medical care?			

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Does your child have any health problems (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Seizures                          | <input type="checkbox"/> Medication Allergy |
| <input type="checkbox"/> Food Allergy             | <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Ulcer              |
| <input type="checkbox"/> Tubes in ears            | <input type="checkbox"/> Anemia                            | <input type="checkbox"/> Kidney Disorder    |
| <input type="checkbox"/> Chronic ear infections   | <input type="checkbox"/> Heart murmur with restrictions    | <input type="checkbox"/> Hearing Loss       |
| <input type="checkbox"/> Hay Fever                | <input type="checkbox"/> Heart murmur without restrictions | <input type="checkbox"/> Blood Disorder     |
| <input type="checkbox"/> Serious Injury           | <input type="checkbox"/> High Blood Pressure               | <input type="checkbox"/> Arthritis          |
| <input type="checkbox"/> Hearing Aid              | <input type="checkbox"/> Vision Loss                       | <input type="checkbox"/> Bladder Disorder   |
| <input type="checkbox"/> TB or positive skin test | <input type="checkbox"/> Other                             |   |

Explain all items that are checked \_\_\_\_\_

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Mr./Mrs./Ms. \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized Parent/Guardian Signature

“CREATE a Beat! reserves the right to immediately dismiss any child from CREATE a Beat! programs for failure of any child's parent, guardian, relations, or other responsible parties to abide by CREATE a Beat Policies, rules and agreements including but not limited to: this form.