

Musicals at Richter Summer Youth Musical Theater Workshop

MAR Kids Participant Medical History Report

This form must be completed, signed and returned by parent or guardian. It is the aim of Musicals at Richter to have each participant enjoy as complete an experience as is possible within his/her capabilities. Your medical history will provide the essential information needed to meet this goal. The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the participant may safely participate in those activities. NOTE: MUSICALS AT RICHTER, THE DIRECTORS, AND ALL STAFF RESERVE THE RIGHT TO DETERMINE THE EXTENT OF PARTICIPATION OF EACH PARTICIPANT IN ALL ACTIVITIES CONDUCTED AT THE MUSICALS AT RICHTER SUMMER YOUTH MUSICAL THEATER WORKSHOP.

The CONFIDENTIAL information will also be used in the event of any participant injuries.

Please Clearly Print the Following Information

Participant (LAST NAME, FIRST, MI)	STUDENTS AGE / BIRTHDATE
PARENT / GUARDIAN NAME	ADDRESS
DAY PHONE	MOBILE PHONE

IN CASE OF AN EMERGENCY CONTACT (AVAILABLE 24 HOURS)

FULL NAME	RELATIONSHIP	CONTACT NUMBER

PERSONAL HISTORY

Please check the box besides any current or previous medical issue

- | | | |
|---------------------------|-------------------------|------------------------|
| D Measles (Rubella) | D Kidney | D Pneumonia |
| D Rubella (3-day measles) | D Insomnia | D Mumps |
| D Bladder problem | D Chest pain | D Chicken pox |
| D Tension or depression | D Chronic pain | D Frequent headaches |
| D Cancer | D Head Injury | D Palpitations |
| D Knee Sprains | D Sinusitis | D Hay fever, asthma |
| D Thyroid | D Ear trouble | D High blood pressure |
| D Jaundice, liver disease | D Heart problem | D Heart murmur |
| D Tuberculosis | D Stomach trouble | D Throat problems |
| D Eye trouble | D Rheumatic fever | D Hypoglycemia |
| D Fainting | D Back problem | D Joint problems |
| D Allergies (drugs/food) | D S T D's | D Gall bladder trouble |
| D Diabetes | D Hernia | D Sickle cell anemia |
| D Seizure / Epilepsy | D Neurological disorder | |
| D Ankle Sprains | D Knee Sprains | |
| o Mild | o Mild | |
| o Severe | o Severe | |

Other _____

Please list here any HOSPITALIZATION or OUT-PATIENT SURGERY that the workshopper has had within the past five years.

Name of Hospital	City & State	Date	Type of illness or operation	Outcome