

ShowKids Invitational Theatre
MEDICAL HISTORY FORM

Name: _____ Age: _____

READ EACH QUESTION CAREFULLY, THEN CIRCLE THE APPROPRIATE RESPONSE.

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| 1. Does your child have any contagious or communicable disease? | YES | NO |
| 2. Does your child have any physical or emotional condition that may affect his/her behavior? | YES | NO |
| 3. Is your child presently under a physician's care for any condition, or taking any prescription medication? | YES | NO |
| 4. Does your child have any allergic reactions to medications, bee stings or their environment? | YES | NO |
| 5. Does your child have any allergies to food or liquids? | YES | NO |
| 6. Does your child have any allergies to smoke, dust or any other substance? | YES | NO |
| 7. Does your child have a history of seizure disorder or epilepsy? | YES | NO |
| 8. Does your child have any physical problem which could be adversely affected by stage movement or dance? | YES | NO |
| 9. Has your child been out of the country with in the last 90 days? | YES | NO |
| 10. Does your child wear corrective lenses? CONTACTS _____
GLASSES _____ | YES | NO |

IF YOU HAVE ANSWERED "YES" TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN IN THE SPACE PROVIDED.

Date of last physical exam: _____ Physician: _____

I certify that all of the above information is complete and accurate.

Signature of Parent/Guardian: _____ Date: _____