



Medical Release Form
For Students Under Age 18

Student's Name: _____ Date of Birth: _____

Does student have any life-threatening allergies? YES NO

If yes, please explain: _____

Is student bringing any medication with him/her? YES NO

If yes, please explain: _____

PLEASE NOTE:

The Center for Creative Arts staff does not administer medication of any kind, except for the use of an EpiPen and / or Benadryl that is clearly labeled and brought to The Center by the parent of the child with a life-threatening allergy, with written instructions.

*****If you will be bringing in an EpiPen and / or Benadryl for your child you will also need to complete the Life-Threatening Allergy Action Plan Form.*****

Are there any physical, emotional, mental, or behavioral concerns or limitations that our staff should be aware of? YES NO

If yes, please explain: _____

Please list any activities in which your child should not participate due to health reasons:

Please read and sign the following:

I certify that all information given is correct. I agree that the student described herein has permission to engage in all lesson / class / camp activities except those listed above. If notified of illness, I will make immediate arrangements to pick up my child. In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. If I cannot be reached in an emergency, I hereby give my permission to a representative of The Center for Creative Arts to secure proper medical treatment for my child.

Parent or Guardian Signature

Date