

**SUMMER THEATRE INTENSIVE HEALTH FORM AND WAIVER**

**All Students must complete this Health Form and Waiver**

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

EMERGENCY CONTACT NAME:: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PARENT EMAIL ADDRESS: \_\_\_\_\_

PLEASE CIRCLE YES OR NO (give details on back if necessary)

Allergic to any Medicine(s): YES NO Asthma: YES NO Tetanus Shot Current: YES NO  
 Diabetic: YES NO Allergies (be specific and list): YES NO Convulsive Disorder: YES NO

Any other medical problem(s) we need to know about? Please list: \_\_\_\_\_

I/We understand that I/my child is entirely responsible for administering and taking any medication that has been prescribed to them by a doctor. I/my child understands that Bryan College is not responsible for ensuring that I/my child takes any of my/their prescribed medications throughout the duration of the Summer Theatre Intensive.. I/We agree to hold Bryan College and its agents harmless of any liability resulting in the underconsumption or overconsumption of prescribed medications.

Are you/ child covered by insurance? \_\_\_\_\_ (GIVE DETAILS. . .REQUIRED)

Insurance Company \_\_\_\_\_ Employee Name \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

I/We understand the Bryan College cannot ensure freedom from disease or injury and agree to hold Bryan College and its agents harmless of any liability resulting from injuries, disease or loss of property sustained by me/our student during participation in the Summer Theatre Intensive. I/We give consent for my/our child to receive medical treatment by a registered nurse or licensed physician when deemed necessary by the Summer Theatre Intensive Program Coordinator if neither guardian is present. I/we understand that Bryan College does not provide any medical benefits, including insurance coverage for me/my child while I/my child is participating in Bryan College activities or on Bryan College’s premises. I/we agree that I/we are responsible for all medical expenses incurred from injuries/illnesses that I/my child might sustain.

**Signatures:**

MINOR \_\_\_\_\_ DATE \_\_\_\_\_

GUARDIAN OF MINOR \_\_\_\_\_ DATE \_\_\_\_\_

<or> STUDENT (18 OR OLDER) SIGNATURE \_\_\_\_\_

Once this form has been completed and signed, please return to Bryan College prior to participation.

-----