



Health Form
WILTON CHILDREN'S THEATER
2017-18

CHILD'S NAME _____

GRADE ENTERING IN FALL 2016 _____ DATE OF BIRTH _____

PARENT/GUARDIAN'S NAME _____

ADDRESS _____ EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ EMERGENCY NUMBER _____

DOCTOR'S NAME/PHONE NUMBER _____

DENTIST NAME/PHONE NUMBER _____

ORTHODONTIST'S NAME/PHONE NUMBER _____

ALLERGIES: _____

EXPLAIN: _____

OTHER MEDICAL CONDITIONS: _____

EXPLAIN: _____

DOES YOUR CHILD PRESENT ANY SPECIAL BEHAVIORAL PROBLEM? _____

EXPLAIN: _____

IS YOUR CHILD CURRENTLY UNDER A DOCTOR'S CARE? _____

EXPLAIN: _____

DOES YOUR CHILD TAKE ANY MEDICATION THAT WOULD NEED TO BE TAKEN DURING REHEARSALS? _____

OTHER: IS THERE ANY OTHER INFORMATION ABOUT YOUR CHILD THAT WILTON CHILDREN'S THEATER SHOULD BE MADE AWARE OF? _____

