

**2026 FOX CHAPEL AREA HIGH SCHOOL MUSICAL – SOMETHING ROTTEN
MEDICAL FORM**

Student Name: _____ Date: _____

CIRCLE ONE: CAST PIT LIGHTING/SOUND HAIR/MAKE-UP/COSTUMES

Sex: _____ Age: _____ Date of Birth: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Parent/Guardian Full Name: _____

Cell Phone: _____ Work Phone: _____ Hours: _____

Parent/Guardian #2 Full Name: _____

Cell Phone: _____ Work Phone: _____ Hours: _____

Stepparent/Guardian Full Name: _____

Cell Phone: _____ Work Phone: _____ Hours: _____

IS THE STUDENT CURRENTLY UNDER MEDICAL TREATMENT? YES NO

IF YES, GIVE THE NATURE OF TREATMENT AND DOCTOR'S NAME AND PHONE #:

Does your child have:

ASTHMA: YES NO Asthma Medication (Inhaler, etc...): _____

SEVERE ALLERGIC REACTION YES NO

If yes, type: _____

LIST ANY AILMENTS THE NURSE/MEDICAL PERSONNEL SHOULD BE MADE AWARE OF [Allergies, like peanuts, medication (over the counter and prescription); diabetes, heart condition, and physical and psychological ailments, etc...]

Date of Last Tetanus Shot: _____

[Over]

Name of Health Insurance Provider: _____

Address: _____

Phone: _____ Agreement #: _____

Name of Guarantor: _____

Name of Employer (if group insurance): _____

FIRST AID/EMERGENCY TREATMENT AUTHORIZATION

If the director/medical personnel cannot contact either parent/guardian, please list two relatives or friends, who have the authority to advise us regarding your child:

Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____

If none of the above can be reached, what do you wish the directors to do in case your child is sick or injured?

IF EMERGENCY TREATMENT IS REQUIRED, may the director/medical personnel use their own judgment in sending the child to a hospital most easily accessible before the parent/guardian can be reached?

YES

NO

If no, name of preferred hospital: _____ **Doctor:** _____

I understand that in the final disposition of any emergency case, the judgment of the directors and the medical personnel will prevail. The recommendation of the parent/guardian, as indicated above, will be respected for as far as possible. If at any time the above information must be changed, I will notify the musical director in writing.

Signature of parent or guardian

Date

We, the undersigned (below), have read and agree to abide by all of the rules set forth by the director and school district. The parent/guardian grants permission for their son/daughter to participate in the spring musical and will not hold the director and or staff responsible for any unforeseen accident, illness or loss of property.

Student Signature

Date

Parent Signature

Date