

NHAPA Student Health History/Emergency Contact Information

Student Name: _____ Date of Birth: _____

Medical Conditions (Check all that apply): Asthma __ Heart Disease __ Diabetes __ Seizures __
Epilepsy __ Convulsions __ Hearing Impairment __ Sight Impairment __
Frequent Headaches __ Other _____

Please list any allergies including insect stings: _____

Surgeries: _____

Regularly taken medications: _____

Are there any restrictions and/or instructions relating to student's participation in NHAPA programs? __ If yes, please list _____

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**Insurance Detail/Release for Emergency Medical Treatment**

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

**Emergency Contact Information**

If a parent/guardian cannot be reached, please list below two people who can be contacted to pick up your child in case of an emergency.

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I certify that the medical information given above is accurate. If any limitations exist or arise that prevent her/his participation in NHAPA programs, I will notify the staff immediately. A doctor's note stating the child may resume "Vigorous Physical Activity" is required before a student is allowed back into class.

I hereby give consent to the teachers/staff of the NH Academy of the Performing Arts to administer emergency CPR and First Aid by certified personnel and obtain medical care from any licensed physician, hospital, or clinic for any injury which may arise in the event I/we cannot be contacted.

I hereby give consent to the teachers/ staff of NH Academy of Performing Arts to contact either of the emergency contacts listed in the case that I cannot be reached.

Parent/Guardian Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_