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Unscruwed Theater Youth Program Personal & Medical Information Form

Student Information:

Name of Student _____ Date of Birth _____

Mailing Address _____

City _____ State _____ ZIP _____ Cell Phone _____

E-mail Address _____

Transportation:

I will provide daily transportation for my student. My student will drive themself.

My student will carpool. Driver's name: _____

Parent/Legal Guardian Information:

Name _____ Relationship to Student _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Name _____ Relationship to Student _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Individuals Other Than Parent/Legal Guardian Authorized to Pick Student Up:

Name _____ Phone _____

Relationship to Student _____

Name _____ Phone _____

Relationship to Student _____



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Please complete the following (indicate N/A or none if appropriate):

Is your student allergic to any food or other substances? If so, please indicate which food/substances and any procedure to follow if reaction occurs:

Does your student take any medication that will need to be administered? Will they be administering it themselves?

If your student needs the assistance of a special needs aide, please note that Unscruwed Theater cannot provide an aide, but we welcome aides to join your student in class if you have one. Please provide any special needs aides' names below:

Are there any other conditions of which we should be aware? If so, please describe precautions to be taken:

Parent/Guardian Signature

Date