

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

# Health Emergency Form

MadCAP :: Madison Creative Arts Program :: 214 North Henry Street, Madison, WI 53703

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact me first using this method:  Cell Phone  Home Phone  E-mail  Text Message

Parent/Guardian #2: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact me first using this method:  Cell Phone  Home Phone  E-mail  Work Phone

Relative or Other Responsible Party: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact using this method:  Cell Phone  Home Phone  E-mail  Work Phone

Are all immunizations up to date?  YES  NO (please note: \_\_\_\_\_)

## PAST HEALTH CONCERNS

- Heart Condition
- Diabetes
- Other
- Bee Sting Allergy

- Convulsive Disorder
- Fainting or Dizzy Spells
- Asthma or Breathing Disorder

- Allergies
- Contact Lenses

PRESENT or CONTINUING HEALTH CONCERNS (if your child takes any prescription or non-prescription medication for any reason, please list here. Please also note any tendencies towards emotional stress being exhibited physiologically or recent family changes.)

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## ADMINISTRATION OF MEDICATION:

- My child is over 13 and may self-administer/has permission to carry with them their own OTC or personal medications.
- Please hold and administer any medications to my child. Only pre-approved (listed above) medications may be administered.
- Please hold and administer any medications to my child. MadCAP Staff may distribute children's Tylenol, painkillers, antacids, or other OTC medications. *\*Medication cannot be administered by MadCAP personnel without authorization. Please stop in the office to complete an authorization form and check in any medications for your child.*

## EMERGENCY SERVICES:

- While MadCAP staff is caring for my child, I give permission for MadCAP staff to call 911 emergency services and act in my stead. I will be contacted immediately, and MadCAP staff will serve as primary caregiver while the group is off site and until a parent can be present.
- I prefer MadCAP staff not call 911 or make any medical decisions for my child.

Please sign: \_\_\_\_\_ Date: \_\_\_\_\_

*\*When on tour with staff supervision, MadCAP also requires a photocopy of each child's insurance card and birth certificate.*

OPTIONAL: Please help us collect data for granting purposes by checking all that apply to the above child:

- Race:**  American Indian/Alaska Native  Native Hawaiian/Other Pacific Islander  White  
 Black/African American  Asian  Unknown  
**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino  Unknown