

Looking for Shakespeare 2009
Student Medical Information

Student Name: _____ DOB: _____

Please list any medical conditions the *Looking for Shakespeare* staff should be aware of:

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Please list any allergies the *Looking for Shakespeare* staff should be aware of:

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Medical Insurance Company: _____

Policy
Number: _____

Policy Holder's Name: _____

Physician's Name: _____

Physician's Telephone Number: _____

In the event of emergency, I authorize a *Looking for Shakespeare* staff member to take my (circle one) son or daughter to a medical facility (NYU Health Services or St. Vincent's) to receive the necessary treatment.

Parent/Guardian's Signature: _____

Parent/Guardian's Name: _____

Relationship to Student: _____

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Date: _____