

MEDICAL FORM

PRESCHOOL / PRIME TIME SUMMER ARTS

SHARRON MILLER'S ACADEMY FOR THE PERFORMING ARTS

Child's Name	_Age	Date of Birth_	_//	
Indicate Month & Year of Immunization Against: Diphtheria (DPT)/Tetanus/ Pertussis/				
Polio/Measles/Rubella_	/	_Mumps	/	_
Is Child Susceptible to:				
FaintingConvulsionsMotion Sickness	Eye & I	Ear Infections_		
Child's Allergies				
Does Your Child Carry an EpiPen?				
Any Activity In Which Child Should Not Participate				
Any Special Issues Which Your Child's Instructor Should Be Aware Of				
Doctor's Name	Tel	ephone#		
		-		
Person To Contact In Case Of Emergency				
Relationship To Child				
In order to meet all legal requirements, I hereby authoriz consent for any and all necessary emergency care for my				
Parent/Guardian Signature				
Date	Telephone#			
The abovenamed person (or guardian of same) does hereby give approval to participat to the conduct of the activities including transportation to and from activities if necess the organizers, the sponsors, or any of the supervisors appointed by them. Certified bir requirements, the abovenamed person (or guardian of same) gives consent for any and consult your doctor before participating in any type of aerobic program.	ary; and do further th certificates will I	release, absolve, indemni pe furnished upon reques	ify & hold harr t. In order to n	mless SMAPA neet all legal
14 South Park Montelair		Sev 07042		

smapa.org | info@smapa.org | office 973.655.9819 | fax 973.655.9829

SMAPA is a Not for Profit 501(c)(3) Tax-Exempt Organization