



Drama Learning Center

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www.dramalearningcenter.com



Student Emergency Procedure Form & Health Information

Student's Name: _____

Address: _____

Mother's Name & Phone Numbers: _____

_____ (H) _____ (W) _____ (Cell)

Father's Name & Phone Numbers: _____

_____ (H) _____ (W) _____ (Cell)

Other Contact: _____ Relationship

_____ (H) _____ (W) _____ (Cell)

Primary Provider of Medical Care: _____

_____ (Phone)

List Significant Medical or Behavioral Issues: _____

List Medications Taken During the Day: _____

List Side or Toxic Effects of the Medication, if Any: _____

Medications must be brought to camp/class in the original container and include a doctor's note.

All medications must be administered by an adult staff member.

In Case of an Emergency (medical, natural, etc.) please do the following:

1. _____

2. _____

3. _____

In the event of a medical emergency, the student will be transported to the nearest hospital unless otherwise noted.

Parent's Signature: _____

Date: _____