



Liberty Lake Community Theatre

*Save the Drama
for the Stage*

2017 Medical Form

Name: _____

DoB: _____ Age: _____ Grade: _____

1) Please list any current medical conditions or concerns, any recent injury or limitations to activities:

2) Does your child have asthma? _____

If yes, please describe the frequency and severity of the attacks and the treatment:

3) Please list any known allergies and the details/treatment for them:

4) Does your child require a special diet for health reasons? _____

If yes, please describe in further detail: _____

5) Are there any special considerations, needs, or behavioral issues? _____

If yes, please describe in further detail: _____



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Please list any medications and dosages below:

Name of Medication	Dosage	Time Given	Reason for Medication

****If your child requires assistance with the administration of these medications, please inform LLCT staff ASAP for proper instruction and education!****

To ensure a successful and fun session with your child, please list any additional information that would be pertinent for the staff to know about your child: _____
