



the mead center
for american theater

Arena Stage Academy
1101 6th St. SW
Washington DC 20024
academy@arenastage.org

ARENA STAGE ACADEMY | STUDENT INFORMATION

Return to Arena Stage Academy by June 30

Student's Name _____
(last, first, middle)

Nickname (if applicable) _____ Age as of July 1 _____

Birth date _____ Sex _____ Entering Grade _____

School _____

student cell phone number _____

student email address _____

Indicate with an x the contact information to use for all correspondence.

Primary parent/guardian

name _____

home address _____

city _____ state _____ zip _____

Please indicate which phone we should call first

_____ home phone

_____ work phone

_____ cell phone

e-mail _____

Other parent/guardian

name _____

home address _____

city _____ state _____ zip _____

Please indicate which phone we should call first

_____ home phone

_____ work phone

_____ cell phone

e-mail _____

Does the student have any special physical, emotional or learning needs? yes no

If yes, please describe. _____

What else should we know about the student?



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Please describe the student's theater, music, and dance training. A résumé may be attached.

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Media Release

I hereby authorize and give full consent to Arena Stage to publish and copyright all photographs in which my child appears while enrolled as a student at Arena Stage. Students will not be identified by name in photo captions.

I agree that Arena Stage may use, in whole or part, photographs, videos, written extractions and voice recordings of my child for purpose of illustration, publication and web sites. Additionally, I agree that use of a photograph or photographs does not constitute an agreement to continue the child's enrollment at Arena Stage.

I hereby approve the foregoing and consent to the use of photographs, subject to the terms above. I affirm that I have the legal right to issue such consent.

Signature of parent/guardian

date



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ARENA STAGE ACADEMY | PHYSICIAN'S REPORT

(to be filled out by parent/guardian) Return to Arena Stage Academy by June 30

I have examined (camper's name) _____
on (date) _____

In my opinion, this child's health does/does not preclude
his/her participation in an active physical program. does does not

Please attach a copy of current immunization record.

This child is up to date on immunizations yes no

If no, please explain.

The applicant is under the care of a physician for the following conditions:

Current treatment (include current medication):

Explanation of any reported loss of consciousness, convulsion or concussion:

Does applicant have epilepsy? _____ Does applicant have diabetes? _____



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ARENA STAGE ACADEMY | PHYSICIAN'S REPORT

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Recommendations or restrictions while at Arena Stage Academy:

Treatment to be continued at summer program:

Dietary restrictions

Medication to be administered at summer program (specific dosages):

Allergies:

Additional health information:

Date _____ Signature of examining physician _____

Printed name of examining physician _____

Address _____

City _____

State _____ Zip _____ Phone _____



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ARENA STAGE ACADEMY | EMERGENCY INFORMATION

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Student

name _____
age _____ birth date _____ sex _____

Primary Parent/Guardian

name _____
daytime phone _____ evening phone _____
cell phone _____

Other Parent/Guardian

name _____
daytime phone _____ evening phone _____
cell phone _____

Emergency Contacts (3) in the event a parent/guardian cannot be reached

name _____
relationship _____ phone _____

name _____
relationship _____ phone _____

name _____
relationship _____ phone _____

Physician

name _____ phone _____

Dentist

name _____ phone _____

Arena Stage has my permission, if I cannot be contacted, to take my child to the emergency room at the nearest hospital, at my expense, and the hospital has my authorization to provide treatment the physician deems necessary for the well being of my child. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

signed _____ date _____



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ARENA STAGE ACADEMY | HEALTH INFORMATION

Date of last tetanus immunization _____

Please list any allergies. Describe their severity, reaction and treatment.

Please describe any medical conditions (asthma, etc.).

Please list all routine medications, dosage and purpose.

The following prescribed medication brought from home, clearly labeled with student's name, dosage and times to be given and in its original container, may be dispensed to my child.

Please describe significant medical and surgical history. _____

Please list any activities to be excluded or limited.

I authorize Arena Stage to administer the following medications to my child as needed.

Ibuprofen yes no

Tylenol yes no

Benadryl yes no

Pepto Bismol yes no

Cough Drops yes no

Student's Health Plan _____

Name Under Which Policy is Held _____

Policy Number _____

I certify that all the above information is accurate and complete to the best of my knowledge. I understand that this information is confidential and will be used to ensure my child has the safest and healthiest experience possible.

parent/guardian signature _____ date _____