



## MEDICAL RELEASE

Next Stop Broadway / Coral Springs Center for the Arts is committed to providing individual attention to each student who attends our program. To ensure the health and safety of your child, please complete and return this form. Children will not be permitted to begin class without a signed medical release.

Student Name \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Gender Identification: Male \_\_\_\_\_ Female \_\_\_\_\_ N/A \_\_\_\_\_

Day Telephone \_\_\_\_\_ Eve Telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Telephone \_\_\_\_\_ Eve Telephone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Does your child wear glasses and /or contact lenses? (circle one) YES NO

**In order to support your child, please list anything we should be aware of:** NSB requires the parents to include on the Medical Form any emotional or physical special needs their child may have. This information allows NSB to be sure the student is getting the type of direction the child needs to have a successful time in the program.

1. Chronic Health Problems (i.e. Asthma, diabetes, etc.) \_\_\_\_\_

2. Learning/Social Disabilities (i.e. autism, ADHD, dyslexia, etc.) \_\_\_\_\_

3. Physical Injuries or Disabilities (i.e. fractures, arthritis, cerebral palsy, etc.) \_\_\_\_\_

4. Any medical restrictions, allergies or dietary restrictions \_\_\_\_\_

Please list any medications your child is taking or **any other information that we should be aware of:** \_\_\_\_\_

If your child needs assistance to take any medication, please initial below, giving us permission to administer the medication. Please provide a copy of the physician's prescription and enough medication *in its prescription bottle*. Also include additional instructions, if any, for administering the medication.

Parent/Guardian initials: \_\_\_\_\_

If your child needs to take an Ibuprofen or Tylenol, please initial below, giving us permission to administer the medication:

Parent/Guardian initials: \_\_\_\_\_

\*\*\*\*\*

If a medical emergency occurs which involves the need to take your child to the doctor or the hospital emergency room and we cannot reach you, we must have our written permission for us to seek medical attention or the doctor will not see the child. All efforts will be made to contact you or the emergency contact person listed above.

**We also need the following information:**

Do you have medical insurance covering your child? (circle one) YES NO

If so, what is your insurance company? \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Please sign the following statement:**

The information in this release is correct as far as I know. My child has permission to take part in all CSI activities. I understand that every attempt will be made to contact me in case of an emergency. In the event that I cannot be reached, I give my consent to emergency transportation, x-rays, medical treatment(s), surgery, or dental care for my child. I agree to assume responsibility for charges so incurred.

Parent or Legal Guardian (Print Name) \_\_\_\_\_

Date \_\_\_\_\_

Parent or Legal Guardian (Signature) \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

**Please have your doctor sign the following statement:**

I, the undersigned, know \_\_\_\_\_ and find him/her to be in good health and able to participate in all NSB classes, workshops, and entertainment activities.

Doctor (Print Name) \_\_\_\_\_

Doctor (Signature) \_\_\_\_\_

Date \_\_\_\_\_

**Please complete and return this form before the student begins classes via US Mail, Email or Fax:**

NEXT STOP BROADWAY  
Coral Springs Center for the Arts  
2855 Coral Springs Drive  
Coral Spring, FL 33065  
**Email:** NextStopBroadwayCS@gmail.com  
**Facsimile:** 954-344-5980



*PFM / Coral Springs Center for the Arts*  
 2855 Coral Springs Drive, Coral Springs, FL 33065  
**Box Office:** 954-344-5990 **NSB Office:** 954-344-5991 **Fax:** 954-344-5980  
[www.NextStopBroadwayCS.com](http://www.NextStopBroadwayCS.com) \* [NextStopBroadwayCS@gmail.com](mailto:NextStopBroadwayCS@gmail.com)

## SIGN-OUT AUTHORIZATION

Student Name (Please Print) \_\_\_\_\_

In order to ensure the safety of all our students, we will not release a child to anyone other than the parent or legal guardian listed below, unless authorized to do so in writing.

Parent/ Legal Guardian Name (Please Print) \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Day Phone # \_\_\_\_\_

Parent/ Legal Guardian Name (Please Print) \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Day Phone # \_\_\_\_\_

Please complete this portion of the registration by filling out the section(s) that applies to you.

**I will be picking up my child/children from The Center:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**I give the following person(s) permission to pick up my child:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**My child has permission to leave The Center on his/her own (please check box):**

I, the undersigned, have indicated my choice above and agree that once my child leaves NSB/Coral Springs Center for the Arts, 2855 Coral Springs Dr. Coral Springs, FL, or is released to me or one of the above named authorized people, NSB and Coral Springs Center for the Arts no longer responsible for his/her whereabouts, actions, or welfare.

Parent/ Legal Guardian Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

Parent/ Legal Guardian Name (Signature) \_\_\_\_\_

Date \_\_\_\_\_

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