



*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 Email: [NextStopBroadwayCS@gmail.com](mailto:NextStopBroadwayCS@gmail.com)



# 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:** Next Stop Broadway requires families 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 NSB 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 sign the following statement:**

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

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

Parent or Guardian (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



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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 \_\_\_\_\_

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

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## COVID COMPLIANCE FORM

A Critical component of NSB's return is following all Center of Disease Control (CDC) and Department of Children and Families (DCF) guidelines to ensure providing a safe environment for our students and staff.

- All Children and Staff members will wear masks at all times.
- All Children and Staff members will have their temperature taken and hands sanitized upon entrance to the facility.
- There are no shared items. All students must bring with them a bag with masks, hand sanitizer, tissues, bottled water, pencils and all other needed items required for class.
- To limit exposure only registered students and staff are permitted into classroom area – Parents are requested to limit their time on site until further notice.

***Please do your part and help us prevent the spread of Covid-19.***

### Prior to attending NSB:

1. Take your child's temperature every night for the 3 days leading up to classes and every day attending classes thereafter; log this for your own personal use. If your child has a temperature of 100.4 F or higher for any of those days, contact us in advance. Please also check other family members' temperatures as well to ensure optimum health on the first day they attend NSB.
2. To ensure your child's safety, you should reinforce proper hand washing techniques and the avoidance of face touching. Also support the need to stay at a comfortable distance from everyone.
3. The Medical, Covid Protocol, and Release Forms which must be returned via email prior to child's attending classes.
4. All registrations, and tuition payments should be done in advance which will help to limit the amount of person-to-person contact when checking in and signing out students. Please email [nextstopbroadwaycs@gmail.com](mailto:nextstopbroadwaycs@gmail.com) or call **954-344-5991** for any questions you may have.

### During Classes:

1. All parents are to remain in their vehicles when dropping off and picking up children.
  - a. **Dropping Off:** Remain in your car and drive as far forward as possible in the front entrance driving loop and a Staff member will greet you to check student's temperature and sign them in (**Please Note: If your child has a temperature of 100.4 F or higher, they will not be allowed to attend class that day.**) Please be sure your child is masked and another staff member will sanitize your child's hands and then lead them to their classroom.
    - i. Older students who are arriving on their own must be masked and will have their temperature checked and hands sanitized before they are allowed to enter the premises.
  - b. **Picking Up:** To assure your child's safe release, DCF requires, for identification purposes, that a sign must be placed in your passenger window with your child's name clearly marked. Remain in your car and drive as far forward as possible in the front entrance driving loop and a Staff member will escort your child to your car for pick up.
    - i. Older students may leave the premises on their own unless prior restrictions are reported to the NSB Office.
2. If your child is not feeling well, they should not attend classes. If anyone displays any symptoms of illness, they will be sent home until they have fully recovered. Symptoms include fever greater than 100.4 F, cough, difficulty with breathing or shortness of breath, chills, muscle pain, sore throat, loss of taste and smell, etc. All parents will be notified in the event that a child or employee exhibits symptoms.

### After Attending Class:

1. Please wipe down all items your child brings home.
2. Encourage your child to use proper hand washing techniques with soap and water.
3. Periodically check our child's temperature throughout the week. If your child has a temperature of 100.4 F or higher, they should not plan to attend class until their temperature is back to normal for 72 hours.

*By signing this form you agree to all that is outlined in this contract.*

\_\_\_\_\_  
Parent's or Adult Student Signature

\_\_\_\_\_  
Date: