



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 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



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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