

**SPECTRUM**

Autism Support Group, Inc.



## Drama Club Application

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent email address: \_\_\_\_\_

**Emergency Contact (other than parents):** Please list at least one individual we may contact in case of an emergency where we are unable to reach you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Issues we should be aware of (please circle all that apply):

Asthma                  Diabetes                  Seizures                  Nosebleeds  
Heart Disease                  Other

Does your child have any of the following allergies?

Animals   Hay Fever   Pollen   Food (Please list foods) \_\_\_\_\_

Plants   Insect Stings   Medicine/Drugs   Other                  Child has no known allergies.

Please describe reaction/symptoms seen and interventions needed if reaction occurs:

Please tell us anything you think we should know about your child which would help us provide an enjoyable experience for him/her.