



# MEDICAL RELEASE FORM

We ask that parents provide the following information so that in the event of an emergency we can act promptly. My child, \_\_\_\_\_, will be attending Theatre Kid's Camp.

Please print name

*In case of an emergency, list contacts:*

1. \_\_\_\_\_  
Parent's Name Relationship to Student

\_\_\_\_\_ Home phone Work phone Cell phone

2. \_\_\_\_\_  
NAME (Alternate Adult) Relationship to Student

\_\_\_\_\_ Home phone Work phone Cell phone

3. \_\_\_\_\_  
NAME (Alternate Adult) Relationship to Student

\_\_\_\_\_ Home phone Work phone Cell phone

Is your child allergic to any medication? Y/N \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Is your child under treatment for any allergies to food, insect bites, etc? Y/N \_\_\_\_\_ If so, please explain: \_\_\_\_\_

In case of medical emergency, I authorize the school staff to transport the above named student to a medical facility for treatment according to the professional advice of medical personnel.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Incomplete applications will not be accepted.**