

Rochester Civic Theatre Student Medical Information and Releases

(Please complete and return to the Rochester Civic Theatre prior to your child's class/session.)

Student's Name: _____

Gender: _____ Date of Birth: _____

Parent(s)/Guardian(s) Name: _____

Address: _____

E-mail (if applicable): _____

Please list all phone numbers a parent/guardian can be contacted at in the order you wish us to call.

Order	Description	Number
1.	<i>(ex: Mom cell)</i>	<i>(ex: 555-123-4567)</i>
2.	<i>(ex: Dad work)</i>	<i>(ex: 555-345-6789)</i>
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Please list any allergies or other medical conditions you feel the RCT staff should be aware of:

Preferred Hospital: _____

Emergency Contact: (This person is to be called and is able to retrieve the child if a parent/guardian cannot be reached.)

Name: _____

Relation to child: _____

Please list all phone numbers this person can be contacted at:

Please initial each item and then sign below to confirm that you agree to each of the statements below and that you have completed this form to the best of your knowledge.

_____ (initial) I hereby confirm that I have read and agreed to all terms and conditions stated in the document titled "Important Information."

_____ (initial) As legal guardian, I hereby grant the Rochester Civic Theatre permission to use my child's likeness in its publications, including but not limited to brochures, website, Facebook page, and posters.

_____ (initial) In event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ Date: _____