

STUDENT EMERGENCY/RELEASE FORM

Student's Name: _____ Birthday ___/___/_____ Circle: Male Female

Address: _____ City _____ Zip _____

Mother's Name: _____ E-mail _____

Phone: Home _____ Work _____ Cell _____

Father's Name: _____ E-mail _____

Phone: Home _____ Work _____ Cell _____

Child is living with (circle one): Mother Father Both Guardian

Emergency contact person if parent cannot be reached:

1. _____ Phone: _____ Relationship: _____

2. _____ Phone: _____ Relationship: _____

The following people have permission to pick up my child:

1. _____ Phone: _____ Relationship: _____

2. _____ Phone: _____ Relationship: _____

Medical Information & Emergency Care Release

Does your child have any medical, physical, or behavioral conditions (*please include allergies*)?

No ___ Yes ___ If yes, please explain _____

Is your child currently taking any medication?

No ___ Yes ___ If yes, please list _____

I, the undersigned parent/guardian of the registrant, a minor, recognize the possibility of physical injury. In consideration for accepting the registrant into its drama programs and activities, I hereby release, discharge, and indemnify the *ACADEMY OF CHILDREN'S THEATRE*, their employees and associated personnel, including the owners of the premises utilized by the programs, against any claim that I might have for myself or on behalf of the registrant arising out of my, or the registrant's participation in the programs including transportation to or from the programs which transportation I expressly authorize.

I hereby give consent for emergency medical or dental care provided by a duly licensed doctor or dentist. I certify that I have read, understand, and agree to all of the above and the information provided is true and accurate to the best of my knowledge.

Physician: _____ Phone: _____

Insurance Carrier: _____ ID# _____

Print Name: _____ Signature: _____ Date: _____

____ Initial here if you **DO NOT** give your permission to use photos of your child(ren) for publicity purposes.

Academy of Children's Theatre
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