

Today's Date: \_\_\_\_\_

## Emergency Information and Media Release

Student's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_ Day Phone: \_\_\_\_\_

### IN CASE OF EMERGENCY:

If we are unable to reach the above guardian, who would you like us to contact:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

If an emergency arises that requires your child to leave during camp hours and you are unavailable to pick them up yourself, who do you give permission to pick up your child:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Does your child have any allergies or chronic illnesses? \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, please indicate type of allergy, reaction, and any special instructions we need to be aware of:

\_\_\_\_\_

Is your child taking any medication during our regular camp day? \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, please indicate proper names of medications, dosages, and reasons for taking:

\_\_\_\_\_

Theatre Winter Haven Academy wants to give each child the best experience possible. If your child has any physical and/or emotional limitations please let us know in the space provided below. This information will be kept in strict confidence, but will greatly assist us in coaching your child to the best of their ability, and will also help us to meet their individual needs:

\_\_\_\_\_

Any other comments you would like to share with us about your child?

\_\_\_\_\_

### Medical Release:

I, the undersigned parent or guardian of the above named minor, do hereby authorize the staff of Theatre Winter Haven as agents for the undersigned to give consent to medical treatment in an emergency.

### Photography and Video Release:

By my child's participation in Theatre Winter Haven programs, I consent to the reproduction and/or use of any and all photographs, videotapes, films, or other recordings of my child for advertising, promotional or other purpose by Theatre Winter Haven (without compensation to my child or me).

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_