



Steel City Theatre Company
Theatre Studio
Medical Release and Consent Form
Valid from Monday, October 20, 2008
Valid Through Monday, June 1, 2009

General Information:

Student's Name: _____
Guardian's Name: _____
Student's Birthdate: _____ Phone: _____
Address: _____
Zipcode: _____

Emergency Contact Information:

Parent or Guardian Work or Cell Phone Contact Information: _____

Alternative Emergency Contact (Not a parent or guardian):
Name: _____ Phone: _____

Medical Information:

Doctor's Name: _____ Phone: _____
Dentist's Name: _____ Phone: _____
List any Medical Conditions or Illnesses: (ex. Migraines, Asthma, Diabetes etc.)

List any Allergies: (ex. foods, insects, etc.):

Does your child have a chemical allergy? (please circle) YES NO

If yes, please describe: _____

Is your child allergic to any make-up? (please circle) YES NO

If yes, please describe: _____

Please list any medication (including over the counter) your child will be taking during classes:

Disabilities and Special Needs

Does your child have any visual impairment? (please circle) YES NO

If yes, please describe: _____

Does your child have any hearing impairment? (please circle) YES NO

If yes, please describe: _____

Does your child have any physical impairment? (please circle) YES NO

If yes, please describe: _____

Does your child have any learning disabilities? (please circle) YES NO

If yes, please describe: _____

Please list any special needs we should be aware of: _____

Medical Release:

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Steel City Theatre Company and its staff of any liability against personal losses of named child.

I authorize an adult, in whose care the minor has been entrusted, to receive pertinent medical information and to consent to any X-ray, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician.

The undersigned shall be liable and agree(s) to pay all costs incurred in connection with such medical and dental service rendered to the aforementioned child pursuant to this authorization.

The undersigned does hereby give consent for my child to participate in all Steel City Theatre Company Theatre Studio activities unless written notification has been provided otherwise.

Signature of Guardian _____

Print Name of Guardian _____

Date _____