

Market House Theatre Education Health/Consent Form

Good Through December 31, 2020

Student Name _____ Parent Name _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Home Email _____

School _____ Grade _____ Birth Date _____ Age _____

Mother's Name _____ Cell Phone _____

Mother's Email _____

Father's Name _____ Cell Phone _____

Father's Email _____

Emergency Contact Name _____ Phone _____

Relationship to Student _____

Does the student have any physical problems which would prevent them from doing strenuous physical activity?
(Bad back, bad knees, etc.) If yes, please list. _____

Does the student have any allergies (food or otherwise), behaviors or anything else we should be aware of

Physician's Name _____ Physician's Phone _____

Preferred Hospital _____ Current Medications _____

Please note any special needs for your child (*Use Back If Needed*)

AUTHORIZATION FOR TREATMENT: I hereby give my permission to the medical personnel selected by Market House Theatre staff to give medical attention to and necessary transportation for the child named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Market House Theatre staff to secure and administer treatment, including hospitalizations, for the child named above.

Signature of Parent/Guardian: _____ **Date:** _____

INJURY RELEASE: I hereby release MHT volunteers, staff, sponsors, and the Board of Directors from any claims for damages or injuries suffered by my child as a result of the participation in this activity.

Signature of Parent/Guardian: _____ **Date:** _____

PHOTO RELEASE: I agree to allow Market House Theatre to use any photos of said child taken in connection with this production for publicity purposes connected with this activity for future use to promote the Market House Theatre Programming and Productions.

Signature of Parent/Guardian: _____ **Date:** _____