

EMERGENCY Contact information and Letters of Consent

Student's name _____

Parent/Guardian name _____

Phone numbers _____

Parent/Guardian name _____

Phone numbers _____

In case of emergency, contact: _____ at _____ Relationship: _____

Allergies : _____

Any disabilities (physical or emotional) that might affect your child's ability to participate?

If so, what should we do if these conditions arise? _____

Medications: _____

Any emergency medical conditions we should know about, such as a need for an Albuterol inhaler, EpiPen and where that medication is located (backpack, etc.) What symptoms indicate a need for the medication?

Name of primary medical insurance company: _____ contact # _____

Group # _____ Subscriber ID# _____

Dismissal

(This must be signed by the parent or guardian of any student who will be driving, walking, or carpooling to or from Oak Ridge Playhouse.)

I, the parent/guardian of _____, give my permission for my child to leave Oak Ridge Playhouse activities alone or with someone who is not his/her parent or guardian after dismissal from rehearsal, performances, workshops, and/or work calls. I understand that I accept responsibility for my child once he/she has signed out for dismissal or leaves the building.

Parent or guardian signature: _____ Date _____

Publicity Waiver

As a parent/guardian of _____, I understand that it is necessary for Oak Ridge Playhouse to publicly promote its activities and productions. I hereby grant Oak Ridge Playhouse, and/or any photographers, recorders, and videographers authorized or employed by the Playhouse, permission to photograph and/or record my child's image and/or voice during this production or Junior Playhouse activities and to use my child's likeness for broadcast or for use in any or all public relations and/or marketing efforts on behalf of Oak Ridge Playhouse. Oak Ridge Playhouse has my permission to use photographs and recordings of my child and quotes from my child in (but not limited to) newspapers, magazines, television, radio, and web based advertisements. I understand that I will not receive or be entitled to any form of compensation if Oak Ridge Playhouse uses my child's likeness for any form of broadcast, marketing, or any other purpose, and I willingly give my consent in return for his/her participation in these programs.

Parent or guardian signature: _____ Date _____