

MEDICAL RELEASE STATEMENT

In the event I cannot be reached in an emergency, I hereby authorize the adult leaders of the CHILDREN'S CHRISTIAN THEATRE MUSICAL to seek whatever emergency medical care they deem necessary for my child.

Child's Name: _____ Dated: _____

HEALTH DATA:

Allergies (food, medications, plant or animal): _____

My child has the following health / illness / disabilities: _____

Doctor's Name: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance Carrier: _____ Group / Policy No. _____

Parent's Home Phone: _____ Mother's Work Phone: _____

Father's Work Phone: _____

Relative or Friend to contact if Parents are not available: _____

(Relationship _____) Phone: _____

My child and myself understand no medication -- prescription or non-prescription -- may remain in my child's position while participating in any CHILDREN'S CHRISTIAN THEATRE events. Any and all medications, treatments will be given to a director or the healthcare professional in charge.

PARENT/GUARDIAN

DATE