

**Island Theater Company 2017 Summer Camp
EMERGENCY CONTACT/PARENTAL CONSENT**

Date:

Child's Name:		Sex:
Address:	City:	Zip Code:
Mother's Name/Legal Guardian:	Home Phone:	Cell Phone:
	Email:	
Address:	City:	Zip Code:
Business Name:	Bus. Phone:	
Father's Name/Legal Guardian:	Home Phone:	Cell Phone:
	Email:	
Address:	City:	Zip Code:
Business Name:	Bus. Phone: ()	

Persons authorized to take child from facility (in addition to parents)			
Name	Relation	Address	Phone Number
			()
			()
			()
			()
			()

Emergency Contact Person(s) while child is in care (in the order of contact)			
Name	Relation	Address	Phone Number
			()
			()
			()
			()
			()

**Island Theater Company 2017 Summer Camp
EMERGENCY CONTACT/PARENTAL CONSENT**

Date:

Special Disabilities (if any):
Allergies (including medication reaction):
Medication, Special Conditions:
Additional Information on special needs of child:

PHOTOGRAPH PERMISSION: From time to time, pictures will be taken of the students activities. These pictures can be sent to newspapers or other media including the Island Theater Company website and Facebook page. Please sign and indicate below if you ARE or you ARE NOT giving your permission.

_____ YES A photograph that includes my child(ren) MAY be used

_____ NO A photograph that includes my child(ren) MAY NOT be used

Signature of Parent/Guardian:

Date:

In case of a medical emergency when I (or my designated relative or friend) cannot be reached immediately, the Staff of the Island Theater Company Summer Camp has my permission to provide the necessary medical attention to ensure the physical well-being of my child: _____(name). Should this attention include calling emergency medical assistance (i.e., ambulance, paramedics, ect.), I understand that these attendant cast will be paid by me.

Parent's Signature

PERIODIC REVIEW - Signature and date are required.

--