



# Medical Release & Emergency Contact Form

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Additional** Authorized Person(s) to Pick Up Child other than parent(s)

\_\_\_\_\_  
 \_\_\_\_\_

Please disclose any medical conditions or special needs for the child:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all medication the child takes and directions for usage:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any allergies your child has:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there any other information Oklahoma Children's Theatre should be aware of before allowing the child to attend programming?  Yes  No

**IF ANSWERED YES, PLEASE USE REVERSE SIDE OF FORM TO EXPLAIN OR ATTACH APPROPRIATE INFORMATION.**

## MEDICAL

The child listed above has my permission to participate in all camp activities and is in good health. I give permission for the designated person to administer over the counter or prescription medication as directed.

I hereby, and for my heirs, executors, and administrators, assigns and all legal guardians, waive and release any and all rights and claims of any nature I may have against Oklahoma Children's Theatre, its Directors, employees, Board of Directors, volunteers, campers and cooperating entities for and against any and all injuries and damages of any nature, which my child may suffer while taking part in camp or other activities associated with this camp.

In case of a medical emergency, after every reasonable effort has been made to contact me or the child's physician, I hereby give my permission to the Emergency Medical personnel contacted by Oklahoma Children's Theatre to secure treatment for, hospitalize and order injection, anesthesia or surgery for my child. I also authorize Oklahoma Children's Theatre to provide a copy of this form to proper medical personnel for purposes of treating my child. In the event that any such treatment is not covered by insurance applicable to the activities, I agree to pay all expenses incurred in such emergency treatment.

## POLICIES & PROCEDURES

As a parent, I have read all information concerning Oklahoma Children's Theatre camps and give my child permission to be active as a participant in the camp. I understand that my child will be asked to participate fully in all activities and will be expected to abide by all rules and policies, as stated in the parent packet, of the camp. I understand that Oklahoma Children's Theatre are not responsible for lost, stolen or damage of personal property while my child is at camp.

I give my permission for my child to have photographic and/or video images taken while at Oklahoma Children's Theatre camps for fundraising & publicity purposes. Consent is give to Oklahoma Children's Theatre, its Directors, employees, agents and cooperating entities to use the child's name, picture, likeness, artwork, and recordings for use in any media for editorial, educational, promotional or advertising purposes in furtherance of the purposes and objectives of Oklahoma Children's Theatre without compensation for such usage. I waive the right to inspect or approve finished product including written copy.

**Print Name of Parent/Legal Guardian:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Legal Guardian:**

\_\_\_\_\_ **Date:** \_\_\_\_\_