

Emergency Contact and Medical Information

Child's Name	Date of Birth	M	F
		Gender	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work or Cell Phone	Home Phone	Work or Cell Phone
Address	Address		
City, State ZIP Code	City, State ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Relationship to child	Secondary Emergency Contact	Relationship to child
()	()	()	()
Home Phone	Work or Cell Phone	Home Phone	Work or Cell Phone

Names of all persons authorized to pick up child from camp

Medical Information

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Dietary Restrictions/Medications/Special Considerations (This information will be kept confidential; please list no matter how minor. Please describe any behaviors that may be disruptive to group learning.)

Parent Authorization and Agreement

As the parent or legal guardian of the child named above, I hereby give consent to enroll my child in the specified camp operated by Cottage Theatre. I recognize that my child must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to him/her or others. Failure to adhere to Cottage Theatre policies will result in dismissal from camp, without refund of fees. I understand that my child will not be released from camp each day unless signed out by a parent/guardian or designee. **In the event of an injury or medical emergency:** Camp staff will attempt to contact Parent(s) or Guardian(s). If they cannot be reached, then staff will attempt to contact the emergency contacts listed on this form. If neither can be reached, or if the emergency is serious in nature, 911 Emergency Services will be contacted. In the event that neither parent nor guardian can be reached, I hereby give consent to Cottage Theatre to arrange for all necessary medical and/or dental treatment as prescribed by qualified medical personnel.

I agree that Cottage Theatre may use photographs and/or videos of camp activities for promotional purposes. My child's photo and/or first/last name may appear in newspaper, theatre website, brochures or other media. (If you wish to withhold consent for promotional photography, please notify Cottage Theatre in writing prior to start of camp.)

Parent's/Guardian's Signature _____ Date _____