

VCT Medical Information Form

Actor's Name (print first and last): _____

Actor's birth date: _____

Emergency Contacts:

Parent/ Guardian #1 _____

Day Phone # _____ Evening Phone # _____

Cell Phone # _____

Parent /Guardian #2 _____

Day Phone # _____ Evening Phone # _____

Cell Phone # _____

Other Emergency Contact _____ relationship _____

Day Phone # _____ Evening Phone # _____

Cell Phone # _____

Allergies _____

Medical Conditions _____

Special Needs _____

I give my permission for my child to participate in the Vermont Children's Theater summer season.

I am responsible for my child's safety and behavior while they are on theater grounds. In the event of a medical emergency when I or my Emergency contact above cannot be reached, I give permission for my child to be treated at an Emergency Medical Center and I verify that my child has adequate medical insurance coverage for the cost of such treatment. I agree to hold harmless and indemnify the Vermont Children's Theater, its trustees, board, employees, and agents from any and all losses, penalties, injuries, damages, settlements, costs or other expenses or liabilities arising out of theater activities.

Parent/Guardian Signature _____ Date _____

Parent/Guardian print name _____