

VCT Medical Information Form

Participant's name (print first and last): _____
Show they're participating in: _____
Participant's birth date: _____
Participant's e-mail (PLEASE PRINT CLEARLY): _____

Emergency Contacts (PLEASE PRINT CLEARLY):

Parent/Guardian #1 _____ Cell Phone # _____
Day Phone # _____ Evening Phone # _____
E-mail: _____
Address: _____

Parent/Guardian #2 _____ Cell Phone # _____
Day Phone # _____ Evening Phone # _____
E-mail: _____
Address: _____

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. In the event of a medical emergency, I give permission for my child to be transported by medical ambulance and 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 _____