

LRC Stage Productions

Medical Release Information and Photo Release Form

Participant Name _____

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures) and what our response should be to each:

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of emergency services and/or a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

I further understand that the Marilyn Rodman Performing Arts Center or LRC Stage Productions Camp will not be responsible for medical expenses incurred and any such expenses incurred will be my responsibility as parent/guardian.

Additionally, I understand the Marilyn Rodman Performing Arts Center is a not a nut-free environment and that while qualified nursing staff will be on-site, the staff of LRC Stage Productions are not trained in allergy management / intervention beyond any information provided on this form. While every effort will be made to accommodate special diets and to be aware of allergy issues, no pretense, promise or assurance is made and all participants participate at their own risk.

Parent's/Guardian's Signature _____ Date _____

Photo Release

I hereby give permission for my child to be photographed during LRC Stage Productions productions. I understand the photographs will be used to keep a journal of activities and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of LRC Stage Productions and its affiliates.

Parent's/Guardian's Signature _____ Date _____

Printed Name of Parent/Guardian: _____