



"Acting is believing!"

MEDICAL RELEASE FORM

Please return this form to Rev. Kim as soon as possible!

This form will be kept with the Director during all rehearsals and shows.

PARENT OR GUARDIAN AUTHORIZATION

In case of emergency, if the family physician cannot be reached, I hereby authorize (student's name) _____ (date of birth) _____ to be treated by another qualified, licensed physician who is available. As my child's parent/guardian, I understand that I am responsible for medical expenses if an accident should occur.

(parent/guardian signature) _____

YOUR FAMILY PHYSICIAN _____ PHONE _____

ADDRESS _____

Please indicate any physical limitations:

Please indicate any neurological or perceptual limitations:

Allergies or other health concerns:

Preferred hospital if needed:

EMERGENCY CONTACTS

Mother's Name _____ (home phone) _____ (cell) _____

Father's Name _____ (home phone) _____ (cell) _____

1. Other Name _____ (phone) _____

2. Other Name _____ (phone) _____

Are you on any medication? Please explain: