

Medical Release

Student Name _____ **Age** _____

Parent or Guardian _____

Phone: Home _____ Work _____

Physician Name and Phone _____

I authorize Grandstreet Theatre School and its representatives to secure medical attention and care in the event of illness or accident for the above named child.

In case of emergency, I understand that you will contact me as soon as possible. Permission is also granted to the doctor or the hospital and their associates to perform the necessary medical and surgical procedures necessary for the child.

Parent's or Guardian's Signature

Medical Information

Current Medication (if any)

Allergies: _____

Diabetes: _____ **Medication** _____

Other: _____

Is there any information that might help us more effectively meet the needs of your child (i.e. learning styles, reading skills, attention span, etc)?
