

Corbett Children's Theater

Medical Release

Participant name _____
Please print

Today's date _____

I hereby give permission for _____ (participant) to be provided emergency treatment as needed by staff members at Corbett Children's Theater (CCT). I give permission for the participant to be transported by ambulance or aid car to an emergency center for treatment. In the event that I, or my preferred physician, cannot be contacted, I consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I agree that I will not hold Corbett Children's Theater or any member of its staff liable for damages, injuries or losses for the duration of my child's participation with Corbett Children's Theater.

Signature of Parent/Guardian: _____

Medical/Contact Information:

Primary emergency contact: _____

Day Phone: (____) _____

Evening phone: (____) _____

Cell/Pager: (____) _____

Place of employment: _____

Doctor's name: _____

Doctor's phone: (____) _____

Please list any special medical concerns, allergies or conditions of which we need to be aware:
