

Please return this form & bring it with you to the first class (it MUST be completed on behalf of your student before they are left in SCCT's care). We will keep a digital copy of it—so no need to bring a new one each time unless your info changes. If contact or insurance info changes, please fill out a new form.



south carolina children's theatre
AUTHORIZATION & RELEASE FORM

My son/daughter (First/Last) _____, has my permission to participate in activities related to his/her theatre class offered at South Carolina Children's Theatre.

I agree to release and discharge the South Carolina Children's Theatre (SCCT) and its directors, employees, and volunteers of and from any and all claims, actions, demands, or liability of damage arising from my child's participation in any classes, programs, events, rehearsals or performances sponsored by SCCT.

Signature of Parent / Legal Guardian

Date

Mother's Name: _____ Best phone: _____

Father's Name: _____ Best phone: _____

Other?: _____ Best phone: _____

In case of an emergency, please contact (other than parents) _____ at _____

Are there any behavioral/reading/developmental/cognitive issues your teacher should be aware of?

Please discuss this with your teacher, preferably before classes begin, so we can create a positive learning environment for all the students in the class. Accommodations can be made ahead of time. Please email our Principal Teaching Artist traysie@scchildrenstheatre.org and she can relay important info to your teacher and arrange a tour before classes begin.

Does your child have any severe allergies we should be aware of? _____

Did you bring an EpiPen for us to have while s/he is here? _____

- I agree to let my child's image be reproduced in SCCT publications
 I do NOT agree to let my child's image be reproduced in SCCT publications

LIMITED POWER OF ATTORNEY If a serious injury arises, it may be necessary for a physician to attend your son/daughter before the staff could get in touch with you. Such care can be provided *only* if you sign the following AUTHORIZATION FOR MEDICAL TREATMENT.

I give the teacher or administrator in charge of my son/daughter limited power of attorney to act in my absence and see that my son/daughter gets whatever medical treatment is necessary in case of sickness or accident.

Signature of Parent / Legal Guardian

Date

Please list any medical exemptions (allergies, blood transfusion, etc.) for your child.

Please list any significant health problems or other medical information that you feel would be required by an emergency facility.

My child is presently taking the following medication prescribed by the doctor:

Name of medicine: _____

Amount taken: _____

Family Health Insurance Carrier: _____

Policy Number: _____