

Help us take care of your children!

1. Are there any allergies or other chronic health conditions we should be aware of?

NO YES (If yes, please provide details below)

2. Is your child carrying medication for this condition? NO YES (If yes, please be sure to complete/return the supplemental form on the next page. **If epinephrine is administered, we will inform parents immediately after calling 911.**)

3. Permission to purchase a snack from the selection offered, with the understanding that while nut free, many of these items are produced in a facility which also processes nut products.

NO YES

4. Would you like your child to enjoy his/her snack at a nut-free table? NO YES

Liability Waiver (required for participation)

I, the undersigned, being aware of my child's health and physical condition, and having knowledge that participation in any physically active program may be injurious to my child's health, am voluntarily allowing my child to participate in this theatrical workshop opportunity.

Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors from liability for accidental injury or illness, which may occur, as a result of my child participating in this workshop. I hereby assume all risks connected therewith and consent that my child may participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments that may affect my child's ability to participate in said theatre workshop.

In the event that I cannot be reached, in case of emergency, the bearer of this form is authorized to act on my behalf to seek medical treatment, as they deem necessary for my child, named above.

I do hereby grant MRHS Theatre Arts Boosters (TAB) the unlimited right to use and/or to reproduce photographs, likenesses, video, or the voice of my child taken during my child's participation in this MRHS TAB supported event. I understand that these images may appear on TAB social media accounts and promotional materials to be used by the MRHS Theatre program. My child will not be named at any time.

For this workshop/camp, we will be carpooling with the following family and that parent/guardian has permission to pick up/drop off my child and speak on my behalf:

Name: _____

Signature of parent/guardian: _____

Please print the name above: _____

Today's date: _____

**Please scan and return with this completed form to: marvinridgetab@gmail.com
You may also submit this form during check-in on the day of the workshop/camp. Please note that this form is required before your child(ren) can participate. Thank you!**

Supplemental Health Form (only required if your child is carrying medications for a medical condition noted on the previous page)

Student Name: _____

Date of Birth: _____

Parent/Guardian Contact Info:

Name(s): _____

Phone Number(s): _____

Emergency Contact #1 Info:

Name: _____

Phone Number: _____

Relationship: _____

Emergency Contact #2 Info:

Name: _____

Phone Number: _____

Relationship: _____

Does the student have any allergies? If yes, please provide details. _____

Does the student have any other health conditions we should be aware of? If yes, please provide details. _____

Does the student require medication for their conditions? NO YES (circle one) If yes, please provide additional details regarding indications for administration. _____

I, the undersigned, agree that I have filled out this form accurately to the fullest extent of my knowledge. I also agree that if my child requires administration of emergency epinephrine by camp/workshop staff that I will be notified AFTER 911 is called.

Signature of parent/guardian: _____

Printed name: _____ Date: _____