

# Health/Consent Form

Return with enrollment form for ALL youth participants

Student's Name: \_\_\_\_\_

Emergency contact person (other than parent/s): \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to student (grandmother, aunt, neighbor, friend, etc.): \_\_\_\_\_

Physician's name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Please note any allergies, physical or health conditions of which we need to be aware: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current medications: \_\_\_\_\_

Please note any special needs of your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR TREATMENT:** I hereby give my permission to the medical personnel selected by Market House Theatre staff to give medical attention to and necessary transportation for the child named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Market House Theatre staff to secure and administer treatment, including hospitalizations, for the child named above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_