Office Use

PROGRAM: ______________

DATE(S): ________________

Louisa May Alcott's
ORCHARD HOUSE

MEDICAL RELEASE FORM

Child's Full Name ____

Home Address ____

Date of Birth ______________________ **Home Phone** ______________________

EMERGENCY CONTACTS

Primary Contact ____

Best Daytime Phone ____________________ Relationship to Child ______________

Other Contact ____

Best Daytime Phone ____________________ Relationship to Child ______________

Other Contact ______________________________ ______________

Best Daytime Phone ____________________ Relationship to Child ______________

HEALTH INSURANCE INFORMATION

Insurance Company ________________________ ID # ______________

Subscriber Name ____

Child's Physician ________________________ Phone ______________

EXISTING MEDICAL CONDITIONS

Please list your child's medical conditions (e.g., allergy to bee stings, asthma, etc.):

____

Treatment *(if any)* ____

Medications *(if any)* ____

Known Allergies to Medications ____

Special Instructions ____

If my child requires medical attention, I understand that Louisa May Alcott's Orchard House will make every effort to contact me or my representatives to receive instructions about my child's care.

If unable to contact me or my representatives, I authorize Louisa May Alcott's Orchard House to seek appropriate medical attention for my child.

Parent/Guardian Signature ______________________________ Date ______________

Louisa May Alcott's

ORCHARD HOUSE

Home of *Little Women*

PHOTO/VIDEO RELEASE FORM for YOUTHS

I, ____,
(printed name of parent or legal guardian)

give Louisa May Alcott's Orchard House

permission to use any photographic or video image in which

____ **may appear.**
(printed name of youth under 18 years of age)

Signed this ____________ day of _________________________, 20____

Parent/Legal Guardian Signature ____

Mailing Address ____

City _________________________________ State ___________ Zip ___________________

Best phone _______________________ E-Mail ______________________________________

Office Use

Image used? ❒ No ❒ Yes *(If yes, image must be attached/referenced)* Date used _______________

Usage: ❒ Educational ❒ Promotional ❒ Other: ___________________________________

Parent/Guardian notified on ______________ by ____
(Orchard House employee)

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