



VERMONT YOUTH THEATER CAMP

At Vermont College of Fine Arts

Apr 24-28: OLIVER TWIST

Student _____ Age _____

Parents _____ cell # _____

_____ cell# _____

EMAIL: _____

Town/State: _____

_____ \$495 Check enclosed. Mail to: 388 Sierra Lavin Rd., Barre, VT 05641 Thank you!

Medical Consent Form, Vermont Youth Theater

Physician/Pediatrician _____ Phone _____

Pertinent medical history or conditions for your child:
Medications or treatment your child will need:
Dietary concerns:

Medical insurance: _____ Policy _____ Group _____

Consent to Medical Care for Minors

By signing below, I/we hereby authorize Vermont Youth Theater to consent to any medical care and treatment for my/our child, _____, that is recommended by a licensed health care provider to whom said child is presented for treatment. In order to ensure that the child receives prompt medical care and/or treatment if necessary, we hereby release Vermont Youth Theater, VYT instructors and any licensed health care provider providing medical care to said child in reliance of this form from liability relating to such provider's acceptance of our substitute caregiver's consent. Injury Waiver: I accept responsibility for my or my child's physical well-being and release Vermont Youth Theater, Mary L. Wheeler and Vermont Youth Theater instructors and staff from any liability, including any Covid 19-related risks, symptoms or illness.

Parent Signature _____ Date _____