

# Sunnyside Productions

## Medical Release Form

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Participants Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Parent/Guardian Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

### **Emergency Contact:**

Please provide an emergency contact outside your immediate family

Emergency Contact Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Emergency Contact Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

### **Medical Information (required)**

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Allergies**

List all known medical conditions, including food allergies and/or drug allergies. In addition, include any and all over the counter or prescription drugs taken regularly.

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**Statement of Consent**

In the event of an emergency or non-emergency situation requiring medical treatment, I \_\_\_\_\_, hereby grant permission for any and all medical and /or dental attention to be administered to my child/children, \_\_\_\_\_ in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

**Release**

The above participant has permission to participate in Sunnyside Production's Theatre Program named above. I understand that I will be responsible for the cost of any emergency care that may be necessary for my child/children while they participate in this program. I understand that the program staff will undertake to contact me and the designated emergency contact person as soon as possible in case of any medical emergency.

Parent /Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_