



Student's Personal Information

Name _____ Age _____
Cell Phone _____ Email _____
Address _____
Emergency Contact Name & Number _____
Any other info RCAC needs to know _____

Minors

Legal Guardian 1 _____ Relationship _____
Guardian's Phone _____ Email _____
Legal Guardian 2 _____ Relationship _____
Guardian's Phone _____ Email _____

Medical Information

Physician _____ Phone _____
Preferred Hospital/ Clinic _____
Allergies/Medical Conditions _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Signature (If under 18, Parent/Guardian Signature): _____ Date: _____

I release Reading Community Arts Center and individuals from liability in case of accident during activities related to Reading Community Arts Center, as long as normal safety procedures have been taken.

Signature (If under 18, Parent/Guardian Signature): _____

Date: _____