

PACE—Performing Arts in Children's Education

MEDICAL & MINOR RELEASE FORM

**Please note: This form is required by the first day of rehearsals/classes.
Students will not be allowed to participate without it.**

Student's Name: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zipcode: _____

Home phone: (_____) _____ Pager: (_____) _____

Work Phone #1: (_____) _____ Work Phone #1: (_____) _____

Cell phone #1: (_____) _____ Cell phone #2: (_____) _____

Emergency Contact Name and Phone: _____

Hospital Preference: _____

Name of Doctor: _____ Phone: (_____) _____

Insurance Carrier: _____ Policy #: _____

Allergies/Medications/Medical Conditions: _____

The adult in charge may give my child Tylenol: Yes No

The designated adult supervisor in charge will contact you or your emergency contact for instructions if your child complains of any illnesses.

I give permission for my child _____ to participate in the Fall/Spring/Summer *(please circle one)* 200__ *(year)* PACE classes and/or production. I also give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor named above. I also agree to hold PACE, and/or their assignees, harmless in the event of an injury or accident.

Parent/Guardian Signature: _____ Date: _____