

# Authorization

## MEDICAL TREATMENT OF MINORS

SYRACUSE CHILDREN'S THEATRE

700 West Manlius St | East Syracuse, NY 13057

315-432-5437

NAME OF MINOR	BIRTHDATE	IDENTIFY ALLERGY OR SPECIAL CONDITION

Name Syracuse Children's Theatre to act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence, from:

MONTH: September DAY: 10 YEAR: 2018      **Through**      MONTH: June DAY: 8 YEAR: 2019

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
Signature  
Insurance Carrier \_\_\_\_\_

**FAMILY PHYSICIANS**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Group/Policy# \_\_\_\_\_

**OVER THE COUNTER MEDICATION AUTHORIZATION**

Having enrolled my child/ren \_\_\_\_\_ in Syracuse Children's Theatre, I herby (please mark appropriate box)

- Give permission for my child/ren to have and use over the counter medication from home following the direction on the label of the product. *(Parent/Guardian must bring in own medication)*
- I DO NOT give permission for my child/ren to use over the counter medication.

**PHOTO RELEASE AUTHORIZATION**

- I understand there may be occasions when my child/ren will be photographed or videotaped for publicity purposes (**names are not published with photographs**). I herby permit my child/ren to be photographed or videotaped while in attendance at Syracuse Children's Theatre. I acknowledge that any photographs or videotapes are property of Syracuse Children's Theatre and for the use of Syracuse Children's Theatre and/or the photographer.
- I DO NOT give permission for my child/ren to be photographed or videotaped for marketing purposes.

**EMERGENCY CONTACT INFORMATION**

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Class Semester** (Circle): Spring Win/Sp Break Summer Fall **Class Day/Time** (Spring & Fall only): \_\_\_\_\_

**Summer Session (s) :** \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_ Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Person other than parent to contact in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

*\*Special Circumstances: Person(s) to whom your child **should not** be released to:*

Please Explain:

\_\_\_\_\_

**CAR POOL INFORMATION**

**Car Pool - Y** \_\_\_\_\_ **N** \_\_\_\_\_

Person(s) to whom your child **may** be released to: \_\_\_\_\_

\_\_\_\_\_