

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: April DAY: 15 YEAR: 2017 **Through** MONTH: August DAY: 31 YEAR: 2017

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: _____
