



MEDICAL INFORMATION AUTHORIZATION FOR MEDICAL CARE

I. Basic Personal Information (please print)

Today's Date: __ / __ / __

Child's Name: _____ Age: _____ Sex: _____ Height: _____ Weight: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Other Phone Number: _____

II. Emergency Contact Information

Person to notify in case of emergency: _____ Relationship: _____

Contact's Phone Number(s): (_____) _____, (_____) _____

Contact's Address: _____ City: _____ State: _____ Zip: _____

Family Physician: _____ Phone Number: (_____) _____

Insurance Provider: _____ Phone Number: (_____) _____

Policy Number: _____

Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please include a copy of the front and back of your insurance card.

III. MEDICAL INFORMATION

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.) _____

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.) _____

List any medications your child is currently taking, their purpose, dosage, and times taken: _____

Does your child require assistance with medication? If yes, please explain: _____

Does your child need any accommodations to safely participate in the program? If yes, please explain. _____



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IV. Authorization for Medical Care

I understand that my child is participating in a Saltwater Performing Arts (SPA) / St. Marys Children's Theatre (SMCT) program. By signing this form I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify SPA/SMCT of any changes in my child's mental, physical, or medical condition once I have learned of such change.

I understand that SPA/SMCT does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in any SPA/SMCT program. In the case of accident or illness, I hereby authorize SPA/SMCT's staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify SPA/SMCT and staff from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such SPA/SMCT program.

Name of Participant: _____ Date: _____

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____

Work Phone: _____ Cell Phone: _____



ACCIDENT WAIVER RELEASE OF LIABILITY

By signing this Waiver, I assume all risk of my child and/or myself participating in the above activity (hereinafter "activity"). Without signing this form, neither myself, nor my child will be able to participate in the activity. I acknowledge that the above activity may pose some risk of personal injury and that I undertake and assume this risk for myself and my child. On behalf of myself and my child, I further waive and release the promoters of the activity, school facility, any insuring entity of the above, and their directors, board members, officers, employees, volunteers, agents, representatives, or assigns, as well as the activity sponsors, from any and all liability, including, but not limited to, liability arising from negligence or fault of the entities or persons for any y occur as a result of my or my child's participation in the above activity. I am assuming all risks on behalf of myself and my child that may arise from negligence or carelessness on the part of any of the persons or entities being released, as well as from defective equipment, real property or personal property that is owned, maintained or controlled by the above persons.

| CERTIFY THAT MY CHILD AND MYSELF ARE PHYSICALLY FIT AND SUFFICIENTLY PREPARED FOR PARTICIPATION IN THE ACTIVITY AND THAT THERE ARE NO HEALTH RELATED REASONS OR PROBLEMS WHICH WOULD PRECLUDE THE PARTICIPATION OF MYSELF OR MY CHILD IN THE ACTIVITY. I HAVE NOT BEEN ADVISED OF ANY REASON WHICH WOULD LIMIT MY CHILD OR MYSELF IN PARTICIPATING IN THE ACTIVITY.

I consent to receive any medical treatment deemed advisable for an injury to myself or my child during the activity and that any medical or other insurance for myself and/or my child will be insurance of first resort before contribution by any other insurance for any other person or entity, including accidental death and dismemberment insurance and accident medical insurance. I understand that I and/or my child may be photographed while participating in the activity. I agree to allow my and my child's photo, video, or film likeness to be used for any legitimate purpose by the activity holders, sponsors, producers, and their assigns. I shall defend, hold harmless, and indemnify the parties from and against all losses, claims, damages, costs or expenses (including reasonable legal fees, or similar costs) in connection with any action or claim brought or made (or threatened to be brought or made), for, or on account of any injuries or damages, received or sustained by myself and/or my child arising during the course of the activity. This Agreement constitutes the sole and only agreement between the parties concerning my child's and my release and indemnification as a condition for participating in this activity. Any prior agreements, whether oral or in writing, shall be void and of no further effect. This Agreement may not be modified. I certify that I have read this document, and I fully understand its contents. I am aware that this is a release and indemnification of liability for myself and my child, and I sign it of my own free will.

Name of Participant: _____ Date: _____

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____

Work Phone: _____ Cell Phone: _____