



Troupe Medical Release Form:

Troupe Member's Name _____

Date of Birth ____ / ____ / ____ **Sex** ____ **Email** _____

Address _____ **Phone** _____

Parent/Guardian Name _____

Mother: Day Phone _____ **Cell Phone** _____

Father: Day Phone _____ **Cell Phone** _____

Please list an emergency contact to be called if parent can't be reached.

Name _____ **Relation** _____ **Phone** _____

Medical History

List any medical condition that currently exists and any physical limitations the student may have. Is the participant under any special medical care or have special limits? If so, please explain.

I give permission to Action YCR to offer my child traditional over-the-counter medications such as Advil if requested. Circle One: Yes No

Date of last Tetanus shot (if known) _____

Name of Insurance Company _____

Policy # _____ **Policy Holder** _____

I affirm that the information given is complete and true to the best of my knowledge. I declare and consent to the authorization for medical treatment by a licensed practitioner. I acknowledge my legal responsibility for any treatment provided for the above-named person. I hereby waive all provisions of law regarding liability of Action Youth and Community Resources for medical care and treatment which may be presented under this authorization. All signatures are subject to verification.

Signature of Parent/Guardian _____ **Date** _____

Consent to Photograph

I hereby authorize and give full consent to Action Youth and Community Resources to copyright or publish all photographs, videotapes, and films in which I, the undersigned, appear while enrolled as a participant in any or all of their programs. I further agree that Action may use these photographs and/or videotapes for exhibitions, public displays, publications, commercials, advertising purposes, and television programs without limitations or reservations.

Participant Signature _____ **Parent/Guardian Signature** _____ **Date** _____