



Lakewood Institute of Theater



Emergency Medical Form

STUDENT NAME _____ **AGE** _____ **GRADE** _____

Please complete and sign the release below. (Note: Each enrolled student must have a NEW FORM completed for each class/camp to ensure that this important information is as up to date as possible. Thank you.)

1st Parent or Legal Guardian (if under 18) _____
(1st Emergency Medical Contact if 18+)

Mailing Address _____

City _____ State _____ Zip _____

Primary Phone _____ Cell Phone _____

2nd Parent or Legal Guardian (if under 18) _____
(2nd Emergency Medical Contact if 18+)

Mailing Address _____

City _____ State _____ Zip _____

Primary Phone _____ Cell Phone _____

Local persons to be notified other than parent/guardian with permission to transport student in the event of an emergency or illness:

1st CONTACT NAME _____ PHONE _____

2nd CONTACT NAME _____ PHONE _____

3rd CONTACT NAME _____ PHONE _____

Please check any existing conditions that apply:

- Allergies (what type?) _____
- Diabetes
- Asthma
- Hyperventilation
- Cardiac
- Seizures
- ADD/ADHD
- Other (If other, explain) _____

Medical Insurance provider and ID # _____

Student's Primary Physician _____ Phone _____

Hospital preference (if any) _____

Indicate Emergency Care Preference (if any) _____



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In the event of an accident or illness, I understand that every reasonable effort will be made to contact parent/guardian and/or emergency contact immediately. However, if they are unavailable, I authorize the Lakewood Playhouse Theatre and the LIT Education Program Staff/Educators with LIT to secure emergency medical care for _____ as needed.
 (please write in youth's name)

Although I understand that Lakewood Playhouse and the LIT Education Program Staff/Educators will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in theatre arts, which may include physical injury or other consequences arising or resulting from the program.

Being fully aware of these risks, I hereby consent to my child's participation in this program and agree to hold Lakewood Playhouse and the LIT Education Program Staff/Educators harmless in any event.

I further authorize the Lakewood Playhouse and the LIT Education Program Staff/Educators to use photographs or video of myself and/or my child(ren) in promotional material (brochures, flyers, posters, media and website) at their discretion.

Student Signature _____ Date: _____

Parent Signature: _____ Date: _____
 (if student is under 18)

Please feel free to tell us anything you feel would be necessary about you or your child's involvement in Lakewood Institute of Theatre (LIT) at LPH in the space below:
