

# Olympia Family Theater

## PARENT MEDICAL AND LIABILITY CONSENT FORM

I, \_\_\_\_\_, the parent/guardian of, \_\_\_\_\_, understand that I am responsible to transport my child(ren) and sign them in and out each day. I will notify the director **in writing** if any special arrangements for transportation are being made (i.e. carpools or someone other than you is transporting and signing out your child).

### WAIVER FOR PARTICIPANT

In consideration for Olympia Family Theater accepting my child's entry into this program, I personally, and on behalf of my child, assume all risks and hazards incidental to the conduct of this activity. I am aware the theater or any of it's sponsoring agencies will not provide any medical or accident coverage. I further release, absolve and waive any right to bring a claim, action suit, or other proceeding against Olympia Family Theater; the organizers and sponsors of the program; or instructors of the program for damages due to any injuries suffered as a result of participation. I understand it is my responsibility as the parent/guardian to provide total coverage for any accidents or health problems.

I hereby give my permission for \_\_\_\_\_ to participate in the activities that I have initialed. My signature reflects my knowledge of my own liability as my child's parent/guardian.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Medical Information:

Please list any special health problems, allergies, special diets or medication for your student.

\_\_\_\_\_  
\_\_\_\_\_

Name of Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Health Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_

### MEDICAL RELEASE

I \_\_\_\_\_ as the parent/guardian of \_\_\_\_\_ authorize and consent to medical treatment and procedures deemed immediately necessary and advisable by emergency medical personnel to safeguard my child's health if I cannot be contacted.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date