

## MEDICAL RELEASE

**Student Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician Name and Phone \_\_\_\_\_

I authorize Grandstreet Theatre School and its representatives to secure medical attention and care in the event of illness or accident for the above named child.

In case of emergency, I understand that you will contact me as soon as possible. Permission is also granted to the doctor or the hospital and their associates to perform the necessary medical and surgical procedures necessary for the child.

**Parent's or Guardian's Signature**

\_\_\_\_\_

### Medical Information

Current Medication (if any) \_\_\_\_\_  
\_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Diabetes:** \_\_\_\_\_ **Medication** \_\_\_\_\_

**Other:** \_\_\_\_\_

Is there any information that might help us more effectively meet the needs of your child (i.e. learning styles, reading skills, attention span, etc)?

\_\_\_\_\_  
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