

\*\*\* DUE BY WEDS, JAN. 11, 2012 \*\*\*

## Student Information and Emergency Contact Sheet

Student Name \_\_\_\_\_

Grade and Teacher \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian Names and Cell Phone(s)

\_\_\_\_\_

Email(s) \_\_\_\_\_

\_\_\_\_\_

### Persons authorized to pick up your child

1. \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please note any known schedule conflicts on rehearsal or performance days as detailed on the General Information Sheet.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Parental Consent and Commitment

*I have read the School Play Audition and Rehearsal Schedule and state that my child(ren) can make all rehearsals, barring illness or family emergency. I give permission for my child to participate in the Jamestown Elementary School play.*

Signature

Printed Name, Date

Signature

Printed Name, Date

Emergency Medical Information and the  
Authorization to Administer First Aid

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Doctor (or HMO) \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Please list any allergies, medications or other issues that we need to be aware of while your child is in our care:

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Authorization and Consent of Parent/Legal Guardian(s)

I affirm that I have legal custody of the minor child indicated above. I give my authorization and consent for Jamestown Play personnel to administer any first aid as thought to be needed at the sole discretion of the Jamestown Play personnel and without further authorization from me. It is my understanding and intent in granting my consent to hold free from any and all liability in connection with the administration of first aid such Jamestown Play personnel as may administer first aid to my child from time to time. I hereby affirm and agree that I have read this document.

Parent/Guardian 1: \_\_\_\_\_  
Signature Printed Name

Parent/Guardian 2: \_\_\_\_\_  
Signature Printed Name

Date: \_\_\_\_\_