Hubbardston Community Theatre

Summer Theater Camp 2020

**Moana!**

**Parent/Guardian Permission Form**

**My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_age:\_\_\_\_\_ has permission to attend Hubbardston Community Theater Summer Theater Camp on July 20th-July24th  (Monday-Friday) 9am-3pm; July 27th-31st , 9am-3pm (and 5pm-8:30pm on Friday July 31st for Performance). July 31st SHOW at 7pm for Family and Friends. (FREE)**

**My child has these medical conditions that staff need to be aware of:**

**\*\*please list allergies or other conditions such as asthma and diabetes.**

**List medications used and if sending (ie epi pens, inhalers)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If I (we) cannot be reached in an emergency, the following person is authorized to act in my (our) behalf:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If I (we) cannot be reached in an emergency, I hereby give permission to the physician, hospital, or medical service selected by the staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above. It is understood that a conscientious effort will be made to locate me or the emergency contact listed above before any action is taken.**

**Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby give permission for photos/Video to be taken by Staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby give permission for such photos to be sent to media:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Barre Gazzette and Gardner News)**

**I do NOT wish for my child to be photographed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_T-shirt size:\_\_\_\_\_\_\_\_\_\_**