



Medical Release Form

The custodial parent of each child cast member must sign and email this form to CTOC.

I, _____ have given permission, and I am the person authorized to give permission, for my child, _____ to participate in the Children's Theatre of Charleston's 2023-2024 Season.

In case of emergency, I can be reached at: (For adult participants, please list the number and name of whom to contact in case of emergency.)

Day: _____ Evening: _____ Other: _____

The participant's physician: _____ Phone: _____

The participant's dentist or orthodontist is: _____ Phone: _____

Insurance Information

Company: _____

Policy Number: _____ Employer or Group: _____

Name of Subscriber, and relationship to child: _____

Medical Information: Please check beside any of the following for which the participant has a history: Hayfever Convulsions Lung Problems Bee Stings Ulcers Blood Pressure Problems Fainting Cancer Kidney Problems Asthma Heart Disease Diabetes Poison Ivy Penicillin Allergy Sulfa Allergy

Recent Surgery? _____

Because we occasionally have food at rehearsals, and typically plan a cast party, please list any food or other allergies: _____

Current Medications: _____

I authorize the staff of this event to seek emergency medical treatment should the need, in their opinion, arise.

Signed: _____ Date: _____

Please Print Name and relationship to child: