



St. Mark Community Youth Theatre
In Partnership with
District 214 Community Education

MEDICAL RELEASE FORM - 2018 Revue Show

I, _____ being the parent or legal guardian
(Print Name)

of _____ give my consent for emergency medical and surgical treatment of this minor in a licensed hospital by a licensed physician should his/her condition so require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting.

I can be reached at: Home: _____ Cell: _____

Work: _____

If I cannot be reached, please call:

Name: _____ Phone: _____

Cell: _____ Relationship: _____

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow: (PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS)

This authorization is effective for the time period of June 4, 2018 to July 29, 2018.

_____ Date: _____
(Parent/Guardian Signature)