



# 2017 Summer Performance Workshop Emergency Fact Sheet (Please print.)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Parent 1 Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Home Phone: \_\_\_\_\_ Parent 1 Daytime Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Parent 2 Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 2 Home Phone: \_\_\_\_\_ Parent 2 Daytime Phone: \_\_\_\_\_

## Court Orders

Are there any court orders pertaining to your child? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

*(Please include a copy of the court order with your enrollment application.)*

## Personal Contact Restrictions

Are there any personal contact restrictions for your child? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

*(Please note that we can't prevent a natural parent from having immediate access to their child without a court order.)*

Health Information

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

Medications: \_\_\_\_\_

Special Dietary Restrictions: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Other information: \_\_\_\_\_

By signing below, I am giving my consent for any necessary emergency medical treatment for my child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Parent Signature (if necessary)

\_\_\_\_\_  
Date

Child Release Form (Please print.)

**Children enrolled in Goodwill Theatre Inc.'s Summer Performance Workshop will only be released to their natural parents, legal guardians and other adults (aged 18 and over) listed below. We will not release a child to anyone other than those listed below. Please note that we cannot refuse a natural parent access to their child without a court order.**

Please inform the people on your list to be prepared to present photo identification to workshop staff.

**Child's Name:** \_\_\_\_\_

The names listed below are those to whom we may release your child:

Mother: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Adult: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Adult: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Adult: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Adult: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_