



2019 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: _____