

24 Hour Mini Musical Permission Form

PERMISSION SLIP / EMERGENCY FORM

Please complete this form that will be used to contact you while your child is at the Schaumburg On Stage. This information is necessary should we need to contact you. No student will be allowed to participate without this form being completed and signed by the parent or guardian. The information on this form is considered confidential and will be in the possession of approved Schaumburg On Stage staff at all times.

Permission is granted for: _____ (Name of Student)

To participate in the Schaumburg On Stage **24 Hour Mini Musical on September 17th and 18th 2021** at 1945 Wright Blvd in Schaumburg.

This event runs from 6pm on September 17th until 9 pm on September 18, 2021.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

Phone #: _____ Emergency Phone #: _____

Student's Date of Birth _____

Allergies: _____

Conditions requiring special consideration (medical/physical): _____

Does your student require: (A) **Epipen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): _____

Please speak to staff before September 10th. This information will remain confidential and will be kept by approved Schaumburg On Stage Staff for the duration of the event only.

Primary contact name _____ Relationship to student: _____

Phone #: _____ Work Phone #: _____ Cell Phone/Pager #: _____

Secondary contact name _____ Relationship to student: _____

Phone #: _____ Work Phone #: _____ Cell Phone/Pager #: _____

Student's Physician: _____ Phone #: _____

TO ANY DOCTOR OR HOSPITAL: I hereby authorize any physician or medical professional the right to access my child's medical records and to administer or to arrange for any reasonable medical treatment deemed necessary to treat my child in the event that I cannot be reached in a medical emergency.

HEALTH INSURANCE INFORMATION:

Company Name: _____ Policy #: _____ Group #: _____

Parent/Guardian Name: _____ Date: _____

(PLEASE PRINT)

Parent/Guardian Signature: _____