



## Performing Arts Theatre

743 North Mountain Road • Newington, CT 06111 • (860) 666-NCTC (6282) • [www.nctcarts.org](http://www.nctcarts.org)

### Permission and Medical Information Form

Please note that for returning students this form must be completed annually or when any information changes.

Student's Name \_\_\_\_\_ M or F (circle) Date of Birth \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent's E-mail \_\_\_\_\_ Student's E-mail (if any) \_\_\_\_\_

Please list any medical concerns of which staff should be aware: (allergies, medical conditions, medications, or physical limitations) \_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

In the event of an emergency, if parent or guardian cannot be reached, please list the name of a contact to be called other than the one listed above.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Additional adults authorized to pick up participant:

Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I give my son/daughter, \_\_\_\_\_, permission to participate in the class(es) for which he or she is registered. My child may be photographed and/or videotaped during the course of the program. I understand that NCTC may use such images for archival or promotional purposes. In the event of an emergency during which I cannot be reached, I give permission to the bearer of this form to allow any doctor or medical facility to administer appropriate emergency procedures as may be necessary in the best interests of my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_