

**Teresa Waldorf's Theatre Day Camp
Medical Release Form**

Child's Name: _____

Parent's Name: _____

Address: _____

State: _____ Zip: _____

Childs' Age: _____ D.O.B.: _____

Phone #s: Home: _____ Work: _____

Cell: _____

Please list any medications your child is currently taking:

Please list any allergies to medication or anything else, or any specific medical problems:

As the parent or legal guardian of the above named camper, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve life, limb, or the well-being of my dependent.

Signature of Parent or Guardian: _____

Date: _____

Insurance Carrier: _____

Certificate or Group Policy Number: _____

PHOTO RELEASE FORM FOR

Teresa Waldorf's Theatre Day Camp

I, _____

(Parent or Guardian)

give my permission for _____

(camper's name)

**to appear in photos for Teresa Waldorf's Theatre Day camp
for the purpose of publicity, either in the newspaper or on her
website or in printed brochures.**

(signature)

(date)