Authorization

MEDICAL TREATMENT OF MINORS

SYRACUSE CHILDREN'S THEATRE 700 West Manlius St l East Syracuse, NY 13057 315-432-5437

NAME OF MINOR	BIRTHDATE	IDENTIFY ALLERGY OR SPECIAL CONDITION

Name Syracuse Children's Theatre to act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence, from:

MONTH: January DAY: 1 YEAR: 2025 **Through** MONTH: December DAY: 31 YEAR: 2025

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

PARENT/GUARDIAN SIGNATURE

_____

Signature

Insurance Carrier _____

FAMILY PHYSICIANS

Name_____ Phone_____

Name _____ Phone _____

Group/Policy# _____

OVER THE COUNTER MEDICATION AUTHORIZATION

Having enrolled my child/ren _____ in Syracuse Children's Theatre, I herby (please mark appropriate box)

☐ Give permission for my child/ren to have and use over the counter medication from home following the direction on the label of the product. (*Parent/Guardian must bring in own medication)*

☐ I DO NOT give permission for my child/ren to use over the counter medication.

PHOTO RELEASE AUTHORIZATION

☐ I understand there may be occasions when my child/ren will be photographed or videotaped for publicity purposes (**names are not published with photographs**). I herby permit my child/ren to be photographed or videotaped while in attendance at Syracuse Children's Theatre. I acknowledge that any photographs or videotapes are property of Syracuse Children's Theatre and for the use of Syracuse Children's Theatre and/or the photographer.

☐ I DO NOT give permission for my child/ren to be photographed or videotaped for marketing purposes.

EMERGENCY CONTACT INFORMATION

Student Name:_____ **Age:**_____ **Grade:**_____

Class Semester (Circle): Spring Win/Sp Break Summer Fall **Class Day/Time** (Spring & Fall only):_____

Summer Session (s) : _____

Parent 1:_____ Parent 2:_____ Guardian:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

E-mail:_____

Person other than parent to contact in case of emergency:

Name:_____ Phone:_____ Relationship to child:_____

Special Circumstances: Person(s) to whom your child **should not be released to:*

Please Explain:

_____

CAR POOL INFORMATION

Car Pool - Y _____ N _____

Person(s) to whom your child **may** be released to: _____

_____