



Summer 2018 Information Form

Child's Name: _____

Parent Name: _____ Contact #: _____

Emergency Contacts

Emergency Contact #1: _____

Phone: _____ Relationship: _____

Emergency Contact #2: _____

Phone: _____ Relationship: _____

Medical and Behavioral Information

Allergies (food, medicines, bees etc.):

Do they have an EpiPen? Yes ___ No ___

Medical Conditions (asthma, heart conditions, epilepsy etc.):

Medications:

Behavioral notes:

Please check off if your child is allowed to walk home (i.e. leave without a guardian to sign them out)

CONTINUED ON BACK



Summer 2018 General Information Form

WAIVERS:

I understand there is a certain amount of reasonable risk associated with program and do not hold the Hopkinton Center for the Arts, Enter Stage Left Theater or the town of Hopkinton responsible for any such injuries.

I give my permission for my/my child's image in videotapes, photographs or motion picture films in which she/he may appear, and/or audio recordings of him/her to be used by the Hopkinton Center for the Arts or Enter Stage Left Theater for publicity purposes.

PLEASE SIGN & DATE THE BOTTOM OF THIS FORM

Additional Information

Anything you would like the teacher/staff to be aware of (special needs, learning requirements etc.):

Thank you!

Parent/Guardian Signature: _____

Date: _____