



## The Little Theatre of Alexandria – Parental Consent Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent 1 Email Address: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent 2 Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Class(es) Registered For: \_\_\_\_\_

Instructors Name: \_\_\_\_\_

I, the parent/legal guardian of this student, hereby give permission for my son/daughter, \_\_\_\_\_, to participate fully in the class/camp stated above. I, undersigned, hereby agree to hold harmless and indemnify The Little Theatre of Alexandria, its directors, instructors, employees and representatives from any and all liability, personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by child-participation while he/she is participating in the above-mentioned class/camp.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



## The Little Theatre of Alexandria – Medical Authorization Form

In case of illness/injury, The Little Theatre of Alexandria has my permission to procure medical treatment for the above-named minor. I understand that The Little Theatre of Alexandria does not provide medical insurance reimbursement for medical fees or prescriptions and that I am responsible for any and all fees charges arising from illness or injury that may occur to the above named during activities with The Little Theatre of Alexandria.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

State any pertinent medical information (allergies, medications or special problems): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Insurance: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Insurance Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

***Please note: These forms and the information contained within will be strictly confidential.***