

# THE MAGIK THEATRE

## EMERGENCY NOTIFICATION

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(CHILD'S NAME)

(SESSION & CLASS NAME)

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(EMERGENCY CONTACT NAME)

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(PHONE #)

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(RELATIONSHIP TO CHILD)

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### STUDENT RELEASE / PICK UP INFORMATION

My child will be dropped off / picked up at The Magik Theatre by:

Parent/Guardian (Name) \_\_\_\_\_

Person other than custodial or joint custody parents or state assigned guardian (Name) \_\_\_\_\_

Permission must be given for your child to be picked up by anyone other than parent(s)/guardian. A picture ID may be required before releasing you child to another authorized person. Your child will not be released to anyone other than persons listed below:

	<u>Name</u>	<u>Phone #</u>	<u>Relation</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

### MEDICATIONS

Will your child need to take medication(s) while they are at Camp Showbiz?

Yes

No

If yes, please describe:

Name of medication(s): \_\_\_\_\_

Taken for: \_\_\_\_\_

Dosage/Amount: \_\_\_\_\_

How often?: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

*PLEASE NOTE: The staff at The Magik Theatre will store any necessary medication for your child, but will not be responsible for administering any medication to the student. We will remind your child to take their medication and be sure that they do so according to instructions.*

**\*\*PLEASE FILL OUT ADDITIONAL MEDICAL INFORMATION AND PHOTO RELEASE ON FOLLOWING PAGE\*\***

Name of Physician \_\_\_\_\_

Phone # \_\_\_\_\_

### SPECIAL NEEDS AND ADDITIONAL INFORMATION

The staff at The Magik Theatre is committed to providing a quality learning experience for your child while at Camp Showbiz. Please provide any additional information that you think would be important for your child's teacher to know about. Please include any special needs, food allergies, restrictions, or special requirements that your child may have:

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### PHOTO RELEASE AND PERMISSION TO USE

The Magik Theatre is an ArtGives.Org Community Partner in support of arts education. ArtGives.Org provides both volunteer and contract services to The Magik Theatre to help document all of the productions performed by The Magik Theatre and Company.

These documentary services may include photographs, videos and/or audio recordings that will be used in a wide variety of promotional ways. Any proceeds raised by the sale of these items will go to help The Magik Theatre and ArtGives.Org market, fund and develop community awareness programs in support of arts education.

[  ] The Magik Theatre and ArtGives.Org HAVE MY PERMISSION to use the photographs, videos and/or audio recordings taken of me while working at The Magik Theatre; and I CONSENT to the use of my image and/or voice in any products that may follow.

[  ] The Magik Theatre and ArtGives.Org DO NOT have my permission to use the photographs, videos and/or audio recordings taken of me while working at The Magik Theatre; and I DO NOT CONSENT to the use of my image and/or voice in any products that may follow.

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(please print child's name)

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(child' signature)

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(parent' signature)

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(date)