

# STUDIO EAST

TRAINING FOR THE PERFORMING ARTS

## STUDENT EMERGENCY FORM

*THIS COMPLETED FORM IS REQUIRED. YOUR CHILD CANNOT PARTICIPATE WITHOUT THIS SIGNED PERMISSION FORM*

Student's Name:		Student E-mail:	
Address:			
City:		State:	Zip:
Home Phone: <small>Include area code</small>		Birthdate:	Underline One: Male Female
Child is living with (circle one):    Mother                  Father                  Both                  Guardian			
Mother's Name:		Mother's E-mail :	
Mother's Phone Numbers: <small>with area code</small>	Home:	Alternate Phone - (underline one) work cell	
Father's Name:		Father's E-mail :	
Father's Phone Numbers: <small>with area code</small>	Home:	Alternate Phone - (underline one) work cell	
<b>You and your student will receive rehearsal schedule updates and Studio information via email. After the class, camp or production ends, you may remove your family from the Studio email list if you wish.</b>			

### Emergency Contact Person if parent cannot be reached:

1.	Phone #:	Relationship:
2.	Phone #:	Relationship:

### MEDICAL INFORMATION & EMERGENCY CARE RELEASE

Are you aware of any medical condition affecting your child? No  Yes  *Please explain on back of form*

Is your child currently taking any medication? No  Yes  / what meds:

Is your child allergic to anything we should be aware of? No  Yes  / what allergies:

I, the undersigned parent/guardian of the registrant, a minor, recognize the possibility of physical injury. In consideration for accepting the registrant into its drama program and activities, I hereby release, discharge and indemnify STUDIO EAST, their employees and associated personnel, including the owners of the premises utilized by the programs, against any claim that I might have for myself or on behalf of the registrant arising out of my or the registrant's participation in the programs including transportation to or from the programs, which transportation I expressly authorize.

Physician:	PH#
Insurance Carrier:	ID#

I hereby give consent for emergency medical or dental care provided by a duly licensed Doctor or Dentist. I certify that I have read, understand and agree to **all** the above and that the information provided is true and accurate to the best of my knowledge.

### The following people have permission to pick up my child after class or camp.

1.	PH#	Relationship:
2.	PH#	Relationship:

Signature(s): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check if you **do not** give your permission to use photos or videos of your child for publicity purposes.

**402 6th Street South, Kirkland, WA 98033**  
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