

The following is a parental consent permit from Auburn Community Players regarding care and treatment of my child in the case of a medical emergency during his/her participation in the following program:

2020 Youth Summer Theater Workshop

**PARENTAL CONSENT FOR MEDICAL TREATMENT**

The law requires that parental permission be obtained for medical procedures on minors. In the event of a medical emergency, I hereby give permission to Auburn Community Players to secure medical treatment, including hospitalization, for the person named below. I also give permission to Auburn Community Players to arrange necessary related transportation for my child.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Parent's/Guardian's Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Parent's/Guardian/s Signature \_\_\_\_\_

Alternate Contact if Parent/Guardian cannot be reached:

Contact's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Contact's Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Child's Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Is your child covered by health insurance for doctors and hospital bills? \_\_\_\_\_

If "yes" what company? \_\_\_\_\_

Policy \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

\* \* \* \* \*

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Does your child require the use of an Epi-Pen? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, you must leave a prescribed Epi-Pen with the program director while your child attends the program.

*Please note: Staff will be able to administer medicine to children except in the event of a life threatening allergic reaction requiring the use of an Epi-Pen. Children needing to take medicine during the day must be able to self-administer. If a child must take medication during the program day, the medication (in its original package) and dosing information must be left with the program staff at the start of the day. Self-administration of any medication must be done in the presence of a staff member.*