



Gibson Theatre School 2012 Medical Form & Parental Consent

The following is a parental consent permit from the Gibson Theatre School regarding care and treatment of my child in the case of a medical emergency during his/her participation in GTS.

In the event of a medical emergency, I hereby give permission to GTS to secure medical treatment including hospitalization for the person named below. I also give permission to the GTS to arrange necessary related transportation for my child.

Participant's Name: _____ Age: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Other Phone: _____

Alternate Contact if Parent/Guarding Cannot be reached:

Contact Name: _____ Relationship to child: _____

Contact's Phone: _____ Contact's Alternate Phone: _____

Child's Doctor's Name: _____ Doctor's Phone: _____

OHIP #: _____

Is your child on any medication that staff and emergency personnel will need to know about?

Does your child require medication administered to them during the course of GTS? If yes please specify what kind and how to administer. (A GTS staff member will follow up to confirm)

Does your child have any allergies? (environmental, medical, animal, food, etc.)

Does your child have any learning or behavioral disabilities? If yes please describe (A GTS staff member will follow up).

Does your child require an epi pen? YES NO

Parent/Guardian Signature: _____ Date: _____