



MEDICAL RELEASE

I, either for myself as the Participant and/or as the parent(s) and/or legal guardian(s), hereby agree to reasonably and completely inform VCCT in writing of any and all health-related conditions, allergies or other conditions which may impact upon the health of the Participant, whether or not said condition or allergy impacts upon the ability of the Participant to participate in the production.

If Cast/Crew Member is Under 18, please have parent/guardian fill this out:

Name of Cast Member _____ Birthdate: _____ Age _____
Home Phone: _____ Day Phone _____ Cell/Pager # _____
Insurance Provider _____ Phone: _____
Insurance Policy Number _____
Family Doctor _____ Phone: _____
Address _____
Family Dentist _____ Phone: _____
Address _____

Please provide us with an additional emergency contact: Provide the name of a friend or relative to be called:

Emergency Contact Name: _____ Relationship _____
Phone 1 (best) _____ Phone 2 _____ Phone 3 _____

If Cast/Crew Member is Under 18, please please fill out the following:

Mother's Name _____
Best phone _____ Phone 2 _____ Phone 3 _____
to reach you at
Father's Name _____
Best phone _____ Phone 2 _____ Phone 3 _____
to reach you at

List any known medical conditions and/or allergies (food/medications):

In the event an individual over 18 is injured and is unable to communicate, VCCT will try to reach the emergency contact listed above. In the event a minor child under the age of 18 is injured or an emergency occurs, VCCT will make every effort to reach the parent. If the parent cannot be reached, VCCT will try to reach the emergency contact listed above.

Should any medical/dental emergencies arise, I authorize the adult staff of VCCT and/or its volunteers to administer basic first aid and/or CPR. I further authorize VCCT to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment.

Please sign below to give your permission to obtain medical assistance for yourself or your child as described above in the event of an injury or emergency.

Signature: _____

DATE: _____

(If cast/crew member is under age 18 at time of audition, a parent or guardian is required to sign this medical form)