

DCTTS Health Information Sheet

Student Name: _____ Age: _____

Gender _____ Grade in School: _____ Parent Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Guardian's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Address (If different from above): _____

Father's Name: _____ Cell Phone: _____

Address (If different from above): _____

Student's Birthdate: _____ Birth Place: _____

Ethnic Origin: _____

Emergency Contact Other Than Guardian Listed Above: _____

Cell Phone: _____ Home Phone: _____ Relationship: _____

Please notify the teacher of any "pertinent" health problems of your child. PLEASE BE HONEST!

Known Health Problem # 1: _____

Current Med/Treatment: _____

Instructions for the Teacher: _____

Known Health Problem # 2: _____

Current Med/Treatment: _____

Instructions for the Teacher: _____

Does this student have any known allergies? Yes _____ No _____

If yes, please indicate known allergies: _____

In the event of an emergency— If you cannot be reached, do you hereby authorize a staff member of Denton Community Theatre (Ex: the Education Director and/or the teacher) to give consent for medical treatment for your child? (Section 35.01 Texas Family Code) Yes _____ No _____

Please continue and complete the additional information on the back of this document.

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Is there ANYONE who is not authorized to pick up the student from DCTTS, or that is not allowed to be near the child? We ask this for purposes of your child's safety. Yes _____ No _____

If yes, please list the person's name, their relationship to the child, and briefly explain the situation:

Please list anyone else who **IS AUTHORIZED** to pick up the student, and their relationship to the student: _____

If there is ANYTHING ELSE that we need to know in order to ensure your child's safety, please explain below. We care about your child's well-being and wish provide him/her with the best Theatrical experience, possible. _____

I agree to notify DCTTS of any changes to information listed on this Health Information Sheet.

_____ Yes _____ No

I hereby grant permission for information on my child's health problems to be shared with authorized personnel of Denton Community Theatre's THEATRE SCHOOL.

PARENT/LEGAL GUARDIAN Print Name _____

YOUR LEGAL SIGNATURE: _____ DATE: _____



I GIVE MY APPROVAL FOR DENTON COMMUNITY THEATRE, Inc. TO PHOTOGRAPH, RECORD AND/OR VIDEO TAPE MY SON/DAUGHTER for marketing, social media postings and/ or archival purposes.

Print Your Name _____ Child's Name _____

Your Legal Signature _____ Today's Date _____