



STUDENT INFO FORM

PLEASE CIRCLE LOCATION:

- Haverford Limerick Lower Merion McDonald Elementary Plymouth Radnor
 Springfield Upper Dublin Upper Gwynedd Upper Merion West Norriton Whitemarsh
 Whitpain Woodmere Art Museum

 CHILD'S NAME / / / PARENT'S NAME

 STREET CITY ZIP

 EMAIL PHONE

LIST OF PEOPLE WHO ARE ALLOWED TO PICK UP THE STUDENT AT THE CONCLUSION OF EACH DAY:

NAME OF EMERGENCY CONTACT #1: _____

PHONE NUMBER FOR EMERGENCY CONTACT #1: _____

RELATIONSHIP TO STUDENT: _____

ANY MEDICAL CONDITIONS (INCLUDING ALLERGIES, MENTAL & SOCIAL CONDITIONS) THAT THE INSTRUCTOR NEEDS TO BE AWARE OF:

IN CASE OF EMERGENCY, IF NONE OF THE ABOVE CAN BE CONTACTED, I GIVE THE INSTRUCTOR OF THIS PROGRAM PERMISSION TO AUTHORIZE EMERGENCY TREATMENT FOR MY CHILD.

Signature: _____ Date _____

PHOTO RELEASE: I hereby grant Theatre Horizon permission to photograph and/or videotape my child during Drama Camp and to use and distribute said photographs/video recordings for marketing purposes.

Signature: _____ Date _____