**ST. DAVID'S UNITED CHURCH DRAMA GROUP**

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| **Health Information: (Drama Production Manager will have a photocopy of this information during rehearsals and productions to address health and medical needs including emergencies and may share this information with others as deemed necessary.)****MUST BE COMPLETED BY A PARENT/GUARDIAN OR YOUNG ADULT (over the age of 18 years)** |
| Drama Participant's Name: AHC#:  (Voluntary)Birth Date: Allergies: Medical Conditions:  Medications currently taken (name, reason, dosage)\*  \*Please note that the Drama Production Manager or Volunteers will not administer. This information is to be used solely in the event there is an emergency for the use of the medical responder.Medical Treatment Restrictions (if any) e.g. blood transfusions:  Dietary Restrictions (if any):  Other Special Needs: Emergency Contact:1) Phone: (H) (W) (C) 2) Phone: (H) (W) (C)  |
| Based on my understanding, acknowledgement, and consent as described herein, I agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to participate in the Drama Production.  (Name of Drama Participant)**Date:**   **Name:**   **Signature:**   **Parent/Guardian *(Please Print)*** **Parent/Guardian** |
| Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP.) This information is collected to verify that the Drama Participant meets the criteria to participate and to ensure the medical needs of the Drama Participant are taken into account in case treastment is required and such personal information will be treated in accordance with the privacy protection provisions of the FOIP Act. |

I agree to letting my child have their name on scripts as an original performer should this play be published.

Parent(s)/Guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to having my name on play scripts as an original performer should this play be published.

Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_