



MEDICAL & MODEL RELEASE FORM

EMERGENCY CONTACT INFORMATION					
Cast Member Name:			Age:	Grade:	
(Last)	(First)	(MI)	Date of Birth: (Month/Day/Year)		
Address:					
(Number & Street)		(City)	(State)	(Zip Code)	
Parents:					
(Father-Guardian)			(Mother)		
Phone:					
(Home)	(Work)	(Cell)	(Home)	(Work)	(Cell)
INSURANCE PROVIDER:			ID#		
NAME OF PRIMARY INSURED:					

MEDICAL RELEASE:

I give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor named above.

My child may be given Tylenol: Yes No

MEDICAL INFORMATION:

Please list your child's allergies, medications or medical conditions of which we should be aware of:

Signature: _____ Date: _____

MODEL RELEASE:

I hereby authorize and consent that Theatrix Productions, Inc. shall have the absolute right to copyright, publish, use, sell or assign any and all photographs, portraits or pictures, videotapes and/or sound recordings, or any part thereof, that have been taken of my child, or in which my child may be included in whole or in part.

Signature _____ Date _____