

**MADONNA UNIVERSITY**  
**MIDDLE SCHOOL MUSICAL THEATRE WORKSHOP**

**PERMISSION TO PARTICIPATE**  
**RELEASE for EMERGENCY TREATMENT FORM**

STUDENT NAME \_\_\_\_\_

Age \_\_\_\_\_ Grade in September 2009 \_\_\_\_\_

Present School \_\_\_\_\_

School in September 2009 \_\_\_\_\_

My son/daughter (named above) has permission to participate in all activities provided in the M.S. Musical Theatre Workshop held at Madonna University June 22-26, 2009. Emergency contacts and phone numbers are listed below. I authorize the directors and counselors of the Workshop to take appropriate action on behalf of my son/daughter in case of an emergency.

PRINT PARENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

\*PARENT SIGNATURE \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_

**List Insurance Information and a secondary emergency contact below.**

MEDICAL INSURANCE CO \_\_\_\_\_

Policy Numbers \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Physician's Name & Phone \_\_\_\_\_

EMERGENCY PHONE NUMBER \_\_\_\_\_

NAME OF CONTACT \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

LIST ALL ALLERGIES, FOOD ALLERGIES, MEDICAL CONDITIONS

\_\_\_\_\_

\_\_\_\_\_

LIST OF MEDICATIONS AND DOSAGES

\_\_\_\_\_

\_\_\_\_\_

*\* Signatures on this form give permission for listed student to participate  
in all activities for the event names above.*