

## Medical & Photo Release Form & Information

### Release Form

If you or your child is involved in an Audience of One event, class session or production, you are hereby advised that our organization does not carry Workman's Compensation Insurance for participants or volunteers. If you or your child should suffer an injury while participating in our production, you will be personally responsible for your medical or injury related expenses.

I give permission for my child, \_\_\_\_\_ who's birth date is \_\_\_\_\_, to participate in AO1 events, classes, productions and activities. I also give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor child named above. I also agree to hold AO1, and/or their assignees, harmless in the event of an injury or accident. I further understand that upon my failure to notify AO1 personnel in advance or to pick my child up within 15 minutes of published dismissal time, the below listed emergency contact numbers will be called. If they are unreachable after one hour, then AO1 personnel will notify the local law enforcement authorities.

I hereby authorize and consent that AO1 shall have the absolute right to copyright, publish, use, sell or assign any and all photographic portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, they have taken or made of my child, or in which my child may be included in whole or in part.

### Please Print

Parents/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother Cell Phone \_\_\_\_\_ Mother Work Phone \_\_\_\_\_

Father Cell Phone \_\_\_\_\_ Father Work Phone \_\_\_\_\_

Other Emergency Contacts Name and Phone #'s:

1. \_\_\_\_\_

2. \_\_\_\_\_

Student's Insurance Company Name and Policy # \_\_\_\_\_

Known Medical Conditions (allergies, medications, special care instructions)  
\_\_\_\_\_  
\_\_\_\_\_

With your permission, AO1 Staff will administer Tylenol or Ibuprophen to your child during AO1 classes, rehearsals, productions or special activities and events. Please initial next to the medication allowed and indicate the dosage:

\_\_\_\_ Tylenol Dosage Authorized \_\_\_\_\_

\_\_\_\_ Ibuprophen Dosage Authorized \_\_\_\_\_

I hereby authorized designated AO1 Staff Member permission to administer the above dose of Tylenol or Ibuprophen to \_\_\_\_\_ for pain. *No medications will be given to any person without this completed waiver.*

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date Signed**