



Student Release & Authorization Forms

DO NOT SUBMIT THESE FORMS EARLY

Please complete these forms and turn them in with a copy of the student's immunization records upon check-in on the first day of class. Unfortunately, we cannot accept these documents early. Students whose forms are not received on the first day of class will not be able to participate in the program until they are submitted.

It is important to have read the General Information and Policies, as well as the contents written within these forms, before signing.

**GENERAL INFORMATION AND POLICIES ARE
AVAILABLE FOR DOWNLOAD AT
WWW.MAINSTREETTHEATER.COM
AS ARE ANSWERS TO FREQUENTLY-ASKED
QUESTIONS.**

**IF YOUR QUESTIONS ARE NOT ANSWERED IN THE
POLICIES OR FAQ, PLEASE CALL THE EDUCATION
OFFICE AT 713-524-7998**



Student's Name:	_____
Group #:	_____
Location & Session#:	_____
Year:	_____

RELEASE FORM

Please fill out a separate form for each student. Keep a copy for your records. You must turn in this completed form along with a copy of the student's immunization records on the first day of class. (Unfortunately, we cannot accept these documents early.) Your student may not participate in class until the Education Department has received all of his/her completed documents.

LIABILITY RELEASE AGREEMENT

By signing below, I, **(Parent)** _____, on behalf of **(Child)** _____, a minor, hereby release Main Street Theater (MST), a Texas non-profit corporation, and Main Street Theater's directors, agents, employees, subsidiaries, successors, and owners, and any other people officially connected with this program (the "released parties") from any and all liability for damage to or loss of personal property, illness, or personal injury including but not limited to death, occurring during classes and events at or affiliated with MST. I understand that by signing below, I am releasing any and all causes of action that I or the above-named student, or our heirs, executors or assigns have had, have, or may have involving the released parties. I acknowledge that MST cannot dispense, monitor, or maintain medication, and I specifically release the released parties from any and all liability resulting from action taken in the event of a medical emergency. I recognize that it is my responsibility to disclose to the Education Director any condition, including but not limited to illness, injury, chronic condition, disability or special need that may influence the above-named student's participation in MST. I further authorize the use or disclosure of personally identifiable health information for the above-named student should emergency treatment for illness or injury become necessary. I understand that the participation in MST classes is entirely voluntary and that the above-named student may be removed from classes at the sole discretion of the Education Director in accordance with MST policies. I understand that MST is required by law to report suspected child abuse, and that any and all information I supply to MST in any form may be passed on to the proper governmental authorities if child abuse is suspected.

MEDIA RELEASE AGREEMENT

I, the undersigned, give my consent and permission to allow the above-named student to be photographed, filmed, interviewed, or otherwise recorded for marketing and archival purposes (including: future brochures, press releases, websites, publicity, advertising, promotional and/or commercial material) without reservation or limitation. I also consent and allow his/her name, age, school, and ZIP code to be used for the purpose of grant reporting.

TRANSPORTATION AUTHORIZATION *(Only those adults listed on this first page will be listed on the carpool release forms)*

PARENTS/GUARDIANS (OTHER THAN THE PARENT/GUARDIAN SIGNING THIS FORM) MUST BE LISTED BELOW TO BE CONSIDERED AUTHORIZED. I hereby give my permission for the above-named student to be released to the following person(s):

Name: _____	Relationship to Student: _____	Tel #: _____
Name: _____	Relationship to Student: _____	Tel #: _____
Name: _____	Relationship to Student: _____	Tel #: _____

In signing this agreement I release the released parties from liability once the above-named student is picked up by an authorized adult whom I designate. I understand that changes or additions to this list must be made in writing.

PARENT ACKNOWLEDGEMENT

This is to acknowledge that I, **(Parent/Guardian)** _____, am the parent or legal guardian of the above-named student, a minor, and that I am eighteen years of age or older. I acknowledge that I have fully read and understood the information contained in the Main Street Theater **Liability Release Agreement, Media Release, Transportation Authorization, and General Information and Policies** and am responsible for compliance with the policies therein. I am signing this release on behalf of all parents or legal guardians of the above-named student now or in the future. **Furthermore, I assume sole responsibility for informing my child and other adults involved in my child's care of the contents of the Liability Release Agreement, Media Release, Transportation Authorization, and General Information and Policies.**

Parent/Guardian Signature _____ Name _____ Date _____



Student's Name:	
Group #:	
Location & Session#:	
Year:	

CONTACT FORM

Please fill out a separate form for each student. Keep a copy for your records. You must turn in this completed form along with a copy of the student's immunization records on the first day of class. (Unfortunately, we cannot accept these documents early.) Your student may not participate in class until the Education Department has received all of his/her completed documents.

The Parent/Guardian contact information listed below will be available to the student's teachers. Emergency contact information will remain in the possession of the Education Department Office.

(THIS PAGE IS NOT REFERENCED FOR TRANSPORTATION AUTHORIZATION)

To authorize a person(s) to pick up your student list them on the first page of this packet under "Transportation Authorization".

Parent/Guardian 1

Name _____

Telephone Number During Class Hours _____

Home telephone number _____

Cell phone _____

Other phone _____

Email _____

Parent/Guardian 2

Name _____

Telephone Number During Class Hours _____

Home telephone number _____

Cell phone _____

Other phone _____

Email _____

Other Parent/Guardian

Name _____

Telephone Number During Camp Hours _____

Home telephone number _____

Cell phone _____

Other phone _____

Email _____



Student's Name:	
Group #:	
Location & Session#:	
Year:	

EMERGENCY CONTACT AND MEDICAL FORM

Please fill out a separate form for each student. Keep a copy for your records. You must turn in this completed form along with a copy of the student's immunization records on the first day of class. (Unfortunately, we cannot accept these documents early.) Your student may not participate in class until the Education Department has received all of his/her completed documents.

Emergency Contact *(Not a person already listed; optional)*

Name _____

Relationship to Student _____

Telephone Number During Class Hours _____

Email Address _____

Cell phone _____

Other phone _____

Physician

- In case of a medical emergency, when parents/guardians and emergency contact above cannot be reached, I authorize MST to contact the physician of the above-named student.
- I waive the right to list contact information for a physician.

Physician's Name _____

Telephone Number _____

Insurance

- In case of a medical emergency, when parents/guardians and emergency contact above cannot be reached, I authorize MST to use the insurance information below.
- I waive the right to list my insurance information.

Name of Primary Policyholder _____

Insurance Company _____

Group number _____

Policy number _____

Preferred hospital _____

ALLERGY/MEDICAL INFORMATION

Known Allergies/Chronic Condition: _____

If your child has an allergy or chronic condition, please attach a written Action Plan detailing allergens, symptoms of a reaction, and steps to be taken in case of a reaction; and provide the Director with the necessary medications (such as Benadryl tabs, an Epi-Pen or Emergency Response Kit). MST cannot dispense, monitor, or maintain medication for any student EXCEPT in the event of an allergic reaction or asthma attack for which we have received an Action Plan and the necessary medication. In the liability release, you have specifically released us from liability resulting from actions taken in the case of a medical emergency.

Please list any illnesses, injuries, or medical conditions that may influence this student's participation in our program:

ATTACH A COPY OF STUDENT'S IMMUNIZATION RECORDS