Rocky Mountain Conservatory Theatre
MEDICAL INFORMATION FORM

(Please complete, sign, and return PRIOR to the first day of programming)

Fax: (720) 306-2445 / Scan & Email: Contact@RMCTonline.com
Mail: Rocky Mountain Conservatory Theatre / University of Denver / Dept. of Theatre / 2306 E. Evans Ave., MRH-103 / Denver, CO 80208-4600

Child's Name _____

Parent's Name _____

*We do have your medical / health information on file, but are requesting a more detailed description of the following medical concerns / allergies / activity restrictions (any listed on the registration form):

_____

Please describe, in depth, the nature of the above referenced medical concern / allergy / restriction. If your child has an emergency-use medication, please describe the administration methods (including time frame, self-administration, etc.). If your child has an allergy, please describe the extent to which that allergy affects eating/activities, and if the child is aware of their own restrictions / guidelines for eating. ***Please be aware that if you do not give us a labeled medication or medical apparatus on the first day of programming, we do not have access to it*:**

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I assume all risks and hazards incidental to participating, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Rocky Mountain Conservatory Theatre, their staff, volunteers, The University of Denver / Colorado Seminary, and any sponsoring agency for any claim arising out of loss or injury that the participant might sustain while engaged in this program. I understand that insurance is not provided and that none of the sponsoring agencies are responsible for the medical condition of the participant in the space provided above.

I give permission to the authorized RMCT personnel to administer medication to my child if it is deemed necessary in any circumstances. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the RMCT Directors to hospitalize and secure proper measures of treatment for the child named above. Medical bills will be the responsibility of the parent or guardian named above.

Signature _____ Date _____/_____/_____