



# VPA's Summer Theater Arts Program 2024

## Information Form

Parent/Gaurdian \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Student's Name \_\_\_\_\_

Students date of birth \_\_\_\_\_

Insurance provider \_\_\_\_\_

Insurance Company phone number \_\_\_\_\_ policy # \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ phone number \_\_\_\_\_

Child may be released to (please list all who might pick up your child and a contact number. If they are not on the list the child cannot leave with them)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Doctor's Name and Number \_\_\_\_\_

Health Conditions \_\_\_\_\_

Special Needs \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

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