



VPA's Summer Theater Arts Program 2025

Information Form

Parent/Guardian _____

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 ___/___/___
