

Oregon Children's Theatre

Medical & Payment Information

Please return with payment (if applicable) two weeks prior to your first class.

Mail to: OCT – 600 SW 10th Avenue Ste 313 – Portland, OR 97205 –phone 503-228-9571 –

Fax to: 503-228-3545

Student Name: _____

Billing Name : _____

Class Name(s) : _____

I hereby give permission for the above student to be given emergency treatment as needed by staff members at Oregon Children's Theatre (OCT). I give permission for the student to be transported by ambulance or aid car to an emergency center for treatment. In the event that I, or my preferred physician, cannot be contacted, I consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I agree that I will not hold OCT or any member of its staff liable for damages, injuries or losses during the student's participation with the OCT Acting Academy.

Signature: _____ **Date:** _____

Medical/Contact Information:

Primary emergency contact: _____

Day Phone: _____ Evening Phone: _____ Cell/Pager: _____

Physician: _____ Physician's Phone: _____ Preferred Hospital: _____

Please list any special medical concerns, allergies or conditions we need to be aware of: