

Alice Consent Form

This form needs to be returned on your child's first rehearsal date - Either Oct. 27 or 29.

CHILD'S NAME

CHILD'S PART

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| | | | |
|--|--|--|--|

Last

First

Middle Initial

Nickname

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| | | | |
|--|--|--|--|

Child's Address

City

State

Zip

EMAIL ADDRESS

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EMERGENCY INFORMATION

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Child's Physician

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Physician's Address

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Physician's Phone Number(s)

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Please list any medical problems:

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Please list any food or drug allergies:

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PICKUP INFORMATION

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Parent/Guardian LAST Name

Parent/Guardian FIRST Name

Best Phone Number

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Parent/Guardian LAST Name

Parent/Guardian FIRST Name

Best Phone Number

List 2 individuals OTHER than parents/guardians who may be permitted to pick up your child

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LAST Name

FIRST Name

Best Phone Number

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|--|--|--|

LAST Name

FIRST Name

Best Phone Number

PRIME TIME (Circle One)

YES

NO

I am available to volunteer with the play

YES

NO

Parent Signature

Date