

PARENT/STUDENT AGREEMENT FORM—LITTLE MERMAID

What are the participation fees? Participation fees for the 2019-2020 school year for Thunderhawk Theater are \$140 per student, per show. We will add a \$20 fee for any show with a video license, in order to cover the professional videography fees. This fee applies to all actors and all technical leaders. Once selected for the cast and technical team, students can pay their fees upfront or through patron/ad sales. No student should be discouraged from participation due to the fees. Many local businesses are happy to buy ads for our program, and teachers, staff, neighbors, and family members are also willing to sponsor actors through our patron program.

Actors and Technical Leaders—Directors, Vocal Directors, Stage Manager, Production Managers, Choreographer--\$160 (this show will be professionally filmed, as we have bought the license to do that)

Technical Assistants--\$80

I give permission for my student to be part of the production team for the LEHS Theater production of *The Little Mermaid, Jr.* Rehearsals will run after school from Wednesday, Sept. 4 through Friday, October 4 from 3-4:30. From Monday October 7 through Monday, October 28 rehearsals will go no later than 7pm and will be noted on the rehearsal schedule. There will be an in-school performance on Tuesday, Oct. 22, and 4 weekend performances. I understand and am willing to support the extensive time commitment that my child will be making if he/she is involved with this show. I am also aware that there is a **\$160/80 fee** associated with participation in this show and that my student will have the opportunity to sell Patron sponsorships and/or ads to offset this expense.

Photo Release

I hereby grant the LEHS Theater department the absolute right and permission to photograph my below named dependent and use such photos in its promotional materials and publicity efforts. I understand that the photos may be used in a publication, print ad, direct mail piece, electronic media (eg. Video, CD ROM, DVD, Internet, World Wide Web), or other form of promotion. I hereby release the LEHS Theater department and their designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Dependent's name

Parent / Guardian name

Parent / Guardian signature

Date



EMERGENCY MEDICAL AUTHORIZATION

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Purpose: to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached. Please use Blue or Black Ink.

Student Name _____ Student ID _____ Male _____ Female _____
Address _____ Zip _____ School _____
Home Phone _____ DOB _____ Grade _____ Homeroom _____

Father's Name _____ Cell/Work _____
Address (if different from student) _____ Home Phone _____
Email Address _____ Work Phone _____
Step-Mother's Name _____ Cell/Work _____

Mother's Name _____ Cell/Work _____
Address (if different from student) _____ Home Phone _____
Email Address _____ Work Phone _____
Step-Father's Name _____ Cell/Work _____

Guardian's Name _____ Cell/Work _____
(if other than parents)
Email Address _____ Work Phone _____

Person(s) who may be notified and to whom your child may be released if school cannot reach you:

- 1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____
3. _____ Relationship _____ Phone _____

Facts concerning the child's medical history including allergies, medications taken on a daily or frequent basis, and any physical impairments to which a physician should be alerted: (Health alerts related to dietary concerns must be communicated directly to Lakota Local School Office of Child Nutrition: 6947 Yankee Rd., Liberty Township, OH 45044 (513) 644-1163, by the parent or guardian.)

The Registered Nurse may share health information with appropriate school personnel to aid in present and future educational decisions.

Doctor to be called _____ Phone _____
Dentist to be called _____ Phone _____

Preferred local hospital _____

Part 1-TO GRANT CONSENT Please sign either Part 1 or Part 2 but not both

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor or in the event the designated preferred practitioner is not available by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Date _____ Signature of Parent/Guardian _____

Part 2-TO REFUSE CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take NO action or to: _____

Date _____ Signature of Custodial Parent/Guardian _____