

**BROADWAY BOUND YOUTH THEATRE FOUNDATION
MEDICAL AUTHORIZATION FORM**

I, _____ give my permission for me/my child or children _____,
(print legal/parent/guardian name) (print legal/parent/guardian name)

_____, _____, _____, to participate in
(print legal/parent/child's name) (print legal/parent/child's name) (print legal/parent/child's name)

musical theatre with Broadway Bound Youth Theatre Foundation from the dates of October 29 - December 21, 2009,

in the production of "HIGH SCHOOL MUSICAL - ON STAGE."

I, either for myself as the Participant and/or as the parent (s) and/or legal guardian (s), hereby agree to reasonably and completely inform BBYT in writing of any and all health-related conditions, allergies or other conditions which may impact upon the health of the Participant, whether or not said condition or allergy impacts upon the ability of the Participant to participate in the production. I, also, either for myself as the Participant and/or as the parent (s) and/or legal guardian (s), hereby agree to provide to BBYT any and all pertinent medical insurance coverage and emergency contact information for the Participant.

My child/children's medical insurance carrier is _____

Policy # (s) _____

My child/children _____ have the following known medical conditions

_____ food allergies _____

and/or reactions to the following medications _____

Should any medical/dental emergencies arise, the adult staff of BBYT and/or its volunteers are permitted to administer basic first aid for my child (and/or myself, if I cannot consent to such assistance at that time.)

Additionally, I authorize the BBYT's Officers/Directors and Staff to act on my behalf and consent to appropriate diagnosis, treatment and care pursuant to Civil Code Section 25.8

Signed _____ Dated _____
(print legal/parent/guardian name)

Signed _____ Dated _____
(print legal/child name/children's names)

Signed _____ Dated _____
(print legal/parent/guardian name)

Signed _____ Dated _____
(print legal/child name/children's names)