

Authorization to Consent to Health Care for Minor

I, _____, of _____ County, am the custodial parent having legal custody of _____, a minor child age _____, born _____. I authorize any adult (s) acting as agents (including official volunteers) or employees of the Richmond Community Theatre and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, for such health care, and (ii) to consent to and authorize any health care, except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective from July 21, 2014 through August 1, 2014.

Custodial Parent Signature: _____ Date: _____

Richmond Community Theatre Custody Release

You may be asked to present photo ID to pick up your child at check-out. Please understand that this is for your child's safety and protection. Also, you will have to come inside the theatre to drop your child off and pick them up.

I hereby give permission for my child, _____ to be allowed to leave the theatre with the following persons at the conclusion of the day's activities or if it is necessary before the end of the day's activities due to illness, injury, or behavioral issues, and I cannot be reached. I hereby give permission for my child to be released into the custody of the following people (please include phone numbers.)

Parent's/Guardian's Signature: _____ Date: _____