



Thornhill Acting Studio / Studio City North, Inc.
#275 - 300 John St., Thornhill, ON L3T 4P1
416-884-9466
www.thornhillactingstudio.com



Summer Camp 2024 – Medical Release Form

Student Name:

Age:

I understand my child needs to attend all sessions and fully participate to maximize his/her benefits. By signing below, I give _____ (child's name) permission to participate in the course conducted by Christopher Healy and associates.

Please list any Health / Psychological Conditions or Concerns:

Please list any medications your child is taking: (prescription or non-prescription)

Please list any allergies your child has, the reaction & what to do:

MEDICAL RELEASE

In the event that we cannot be reached at the time of illness or accident, or if the emergency is such that time does not permit such contact. Studio City North Inc, Christopher Healy and staff are hereby authorized to contact the physician indicated on this form. If the named physician cannot be reached, permission is hereby granted for the camp facilitators to call 911 or a licensed physician of its choice. I also consent to emergency transportation if necessary.

DOCTOR'S NAME:

PHONE:

CHILD'S HEALTH CARD NUMBER:

PARENT/GUARDIAN SIGNATURE

DATE