

**REQUIRED INFORMATION FORM
ALLERGY -- MEDIA -- DROP OFF/PICK UP RELEASE**

ALLERGY INFORMATION

Child's Name: _____

Allergic to: _____

Description of Reaction:

Procedure to Follow:

Medication : _____

Call : _____

Watch for : _____

Child's Physician Name: _____

Phone Number: _____

PERMISSION TO RELEASE CHILD (for separation classes only)

Name of authorized ADULT for child dropoff or pickup: _____

Phone #: _____ Relationship _____

Do you give permission for child to be released to this person? (circle one)

YES

NO

PHOTO PERMISSION

I, _____, give permission to **Musical Kids International** to make or use pictures, slides, digital images, or other reproductions of me, of my minor child (name) _____, or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in productions, publications, on the web, or other printed or electronic materials related to the role and function of Musical Kids International. Identifying information and/or names will not be displayed without additional consent.

Signature ➤	Telephone Area/No.
----------------	--------------------