Voorhees Middle School Drama Club
Audition and Permission Form
Please return to Ms. Keith (A-17) or at the orientation meeting by September 21.

Student Name_____ Grade _____

Homeroom Teacher and Room Number: _____

Auditioning/Applying for (check all that apply):

_____ Cast _____ Ensemble

_____Tech Crew (See website for assignment)

You must also complete the online audition form on the Drama Club website.

_____(child's name) has my permission to attend after school meetings from 2:50- 4:10. I grant permission for my child's image to be published in newspapers, video, the Internet, and the Drama Club official social media sites.

My child will be getting home by (check applicable):
_____ 4:10 late bus
_____ 4:10 pick up- **Per VMS policy, if your child is not picked up by 4:10, they will be sent home on the late bus.**
Some students will be expected to stay until 5:30 on selected dates. Please check calendar for details. Late buses will not be provided for 5:30 rehearsals. You must *pick up* your child at 5:30 on these days.

MANDATORY REHEARSALS are February 19, 20, 26, 27, and March 5, and 6, 2022.
MANDATORY PERFORMANCES are March 11, 12, and 13, 2022.

By signing this form, I acknowledge receiving notice of and agreeing to the rehearsal schedule. I understand that my child MUST attend ALL mandatory rehearsals and performances. I grant permission for my child's image to be published in newspapers, video, the internet, and the Drama Club official social media sites.

_____
Parent Signature

For Director Use ONLY
Mem _____ Overa_____
Artic_____ Sing _____
Block_____
Pres_____ Dance_____

HEALTH INFORMATION

Child's Name: _____ Grade: _____

Family Physician: _____ Phone: _____

Does your child have Asthma?	Yes	No
Does your child have Diabetes?	Yes	No
Does your child have Epilepsy/Seizures?	Yes	No
Does your child have a Heart Condition?	Yes	No
Does your child have any Allergies?	Yes	No
Is an Epinephrine Auto Injector kept in school?	Yes	No
Has your child suffered a Concussion?	Yes	No
Does your child take medication on a regular basis?	Yes	No

Name of medication(s): _____

Does your child have any other medical conditions that our staff should be made aware of Yes No

If yes was indicated please explain below:

_____

_____

_____

_____

Does your child have health insurance? Yes No

If yes, name of insurance company: _____

Written consent required pursuant to 20 USC 1232g (b) (1) and 34 CFR 99.30 (b).
I understand that the above relevant information regarding my child's health may be shared with appropriate school personnel and other health care providers as necessary.

_____ _____
(Parent or Guardian Signature) (Date)

In case of emergency, I give permission to have my child treated at the nearest hospital.

_____ _____
(Parent or Guardian Signature) (Date)

Voorhees Middle School
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856-795-2025