

Chicago Street Theatre School

Fall, 2025-Summer, 2026

We wish to inform you that all our instructors have undergone a criminal background check in order to insure your child's safety.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Chicago Street Theatre/Community Theatre Guild - An Indiana Not-for-Profit Corporation

I, _____ (parent/guardian) of _____

_____ (child) who is/will be a student enrolled in the 2025–26 season with the Community Theatre Guild (CTG) dba “Chicago Street Theatre,” do hear by expressly authorize any of the following steps, when deemed necessary and appropriate by CTG personnel, to be taken by CTG in the event of a medical emergency involving my child/ward, which may arise on the premises of CTG or at a CTG sponsored activity.

1. To notify and request aid, if appropriate, of trained emergency medical personnel for immediate treatment of my child/ward.
2. To transport my child/ward to the nearest medical facility for appropriate medical treatment.

It is agreed that CTG will have the exclusive and immediate right to determine when, in its judgement, such medical emergency shall exist. If in the judgment of CTG it is appropriate, under the circumstances, CTG will attempt to contact me, as the parent/guardian before taking any of the above-listed emergency steps.

It is agreed that if and when CTG does report the matter to me, as the parent/ guardian, CTG will then no longer have the principal responsibility for the emergency care of my child/ward but will become the agent of myself, the parent/guardian.

It is agreed that I, the parent/guardian, will indemnify and hold harmless CTG and/or its agents and employees from and against any and all claims and losses which may be incurred or which may be claimed as a result of the alleged acts or alleged failures to act during the emergency.

As parent/guardian of the above named individual, I advise that he/she has the following allergies, medical conditions, is taking the following medications, and/or cannot take the following medications (if none; please so indicate): _____

Family Physician _____ Phone _____

Hospital Preference (if none; please so indicate): _____

I have read and understand the medical treatment authorization. By signing below I agree to abide by it. I also agree that CTG shall not be liable for any damage to either person or property sustained by the student nor by any third party arising in any way out of the student's participation in classes. The parent/guardian covenants and agrees to indemnify, defend, and hold harmless CTG and its employees and/or volunteers from any and all claims, costs, and liabilities arising from or in connection with damages, injuries or sickness (including COVID-19) to persons (including death) or property in, upon, or about CTG premises and any portions thereof.

Parent/Guardian Signature _____ Date _____