Teen Halloween Party Permission Slip / Medical Forms / Contact Information

Participant Name: _____ Date of Birth: _____ Age: _____

Custodial Parent's/Guardian's Name(s): _____
Address: _____City:_____ State:_____ Zip:_____
Email: _____
1st Parent Home Phone: (____)_____Cell Phone:(____)_____
2nd Parent Home Phone: (____)_____Cell Phone:(____)_____
Emergency Contact: (____)_____ Relationship to Child:_____

Medical Information Child's Doctor: _____
Phone:(____)_____
Allergies: _____
General Health Concerns:_____
Current Medications: _____

You MUST provide BLT staff with any special written instructions regarding any medication that may need to be administered during the party. General Permissions Please initial each statement to indicate your approval:

_____ BLT may provide food, snacks to my child during the party.
_____ BLT may show movies that may have a PG or PG-13 rating during the party.
_____ BLT may allow participants to try on costumes and/or makeup during the event.
_____ BLT has my permission to take photographs and/or video footage of my child during the Halloween Party. I understand that these images or videos may be used in promotional materials, social media, or for other event-related purposes. I consent to the sharing of These images and videos publicly and without compensation.
_____ I have provided BLT with a full list of allergies to ensure the safety of my child.

I GIVE PERMISSION TO BUCYRUS LITTLE THEATRE AND ALL DESIGNATED PARENT CHAPERONES OR BOARD MEMBERS TO ADMINISTER FIRST AID. IN THE EVENT OF AN EMERGENCY AND I AM UNABLE TO BE REACHED, I HEREBY AUTHORIZE THE BUCYRUS LITTLE THEATRE AND ALL AFFILIATES TO SPEAK WITH THE ABOVE EMERGENCY CONTACTS, PHYSICIANS, OR SEEK EMERGENCY MEDICAL TREATMENT AS DEEMED NECESSARY.

Parent Signature: _____ Date: _____

Halloween Party Rules:

1. No one will be allowed to attend the party without a signed parental permission slip, complete with the parent or guardian's contact numbers.
2. Participants will not be allowed to exit the theatre during the party.
3. Gossip, insults, swearing, bullying, or disrespectful sarcasm will NOT be tolerated.
4. Participants should not wear revealing clothing.
5. Personal displays of affection (PDA) will not be permitted.
6. Special medication, allergies, or any other required items should be indicated on the Medical release form and given to the event chaperones at check-in.
7. Illegal drugs, alcohol, dangerous materials, or firearms are not permitted.
8. Participants are expected to be considerate and respectful of all other participants and chaperones.
9. All participants must be respectful of the theatre and all theatre property.
10. The enforcement of these rules are everyone's responsibility.

Youth Signature _____ Date: _____

Parent Signature: _____ Date: _____

BLT Teen Halloween Party Permission Slip

I give my child _____ permission to attend Bucyrus Little Theatre Teen Halloween Party at Bucyrus Little Theatre Saturday Nov. 1 (6:00 to 10:00pm). I understand that my child will remain at the theatre for the event's duration and will not be permitted to leave the premises or exit the building. I also understand that the Party is sponsored by the Bucyrus Little Theatre and is chaperoned by board members and/or parent volunteers. All chaperones and/or parent volunteers will be subject to a background check. I acknowledge my child must adhere to all the rules, regulations, and instructions pertaining to the safety and protection of all the participants, and that failure to comply would exclude my child from participation in this activity. Should my child not follow the rules for the Party, I may be required to pick up my child at any time during the course of the event. I also understand that for the safety of all participants and theatre personnel, the premises (inside and outside) are monitored by security cameras. Participants must be between the ages of 13-17 years during the time of participation. All chaperones will be 18 and older. No exceptions will be made.

Parent Signature: _____ Date: _____

Youth Signature: _____ Date: _____