



Heartwood Theater Summer Camp Program – 2024

MEDICAL RELEASE FORM

The staff of Heartwood Theater’s 2024 Summer Camp Program has my permission to seek medical attention for my child, in the event of an emergency and where the parent or designated emergency contact (listed on registration form) cannot be immediately reached.

Student: _____

Parent: _____

Signature: _____

(If other than parent signing, please note relationship) _____

Heartwood Regional Theater Company
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www.heartwoodtheater.org