



Heartwood Theater Summer Camp Program – 2023

MEDICAL RELEASE FORM

The staff of Heartwood Theater’s 2023 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
PO Box 1115 Damariscotta, ME 04543207-563-1373 info@heartwoodtheater.org
www.heartwoodtheater.org