LOYOLA HIGH SCHOOL OF LOS ANGELES

HANNON THEATRE COMPANY

ANNUAL AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

AND PARENTAL PERMISSION & RELEASE

2026–2027 SCHOOL YEAR

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

Student Name: _____

I (We), the undersigned parent(s)/legal guardian(s) of the minor named above, do hereby authorize LOYOLA HIGH SCHOOL AND/OR ITS EMPLOYEES, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective throughout the 2026–2027 school year, through June 5, 2027, and shall apply to the student's participation in Hannon Theatre Company activities during that period.

Parent/Legal Guardian Signature: _____Date: _____

Primary Emergency Phone #: _____

Secondary Emergency Phone #: _____

Health Insurance Carrier: _____

Policy # /Group#: _____

PARENTAL PERMISSION AND RELEASE

I request that LOYOLA HIGH SCHOOL allow my son/daughter named above to participate in Hannon Theatre Company activities during the 2026–2027 school year, including rehearsals, crew sessions, performances, strike, and other theatre-related activities held on campus or at authorized off-campus locations, including the Berendo Performing Arts Center and Hannon Theatre.

This authorization shall remain in effect throughout the 2026–2027 school year and shall apply to the student's participation in any Hannon Theatre Company production or theatre-related activity during that period, whether or not the student participates in every production during the school year. In consideration for my son’s/daughter’s participation, I hereby waive responsibility for LOYOLA HIGH SCHOOL AND ITS AGENTS and assume full responsibility for any damage, accident, or injury that may occur to my son/daughter, named above, while he/she participates in Hannon Theatre Company activities. Therefore, I assume all risks inherent in my son/daughter's participation in such activities.

Parent/Legal Guardian Signature: _____Date: _____

MEDICATION

Permission to dispense Tylenol:(circle) Yes No

MEDICAL INFORMATION

On the reverse side or in a separate signed document, please indicate any medical concerns that should be brought to our attention concerning the ongoing health of your son/daughter. These may include, but are not limited to:

- Medications he/she takes on a daily basis
- Allergies to medications or insect bites
- Any history of a chronic or life-threatening illness
- Other medical information that may be important in an emergency

Parents/guardians are responsible for notifying Hannon Theatre Company in writing of any changes to the medical information or emergency contact information provided on this form during the 2026–2027 school year.