

Student Drop Off / Pick Up Form

Student's Name _____

Student's Role _____

Parent/Guardian Name _____

Contact Phone _____

Back-up Emergency Contact _____

Relationship _____ Phone _____

Please list here anyone other than yourself who is permitted to pick up your student

List any allergies, medical conditions or medications for your student that we should be aware of:

Please sign your student in and out of EVERY rehearsal. NEVER drop your student off without an official verification from an authorized OTT representative that your student has arrived.

Signature of Parent or Guardian
