

Teens and Theatre Emergency Medical Release and Contact Information

_____ Child's Name	_____ M F Date of Birth Sex
_____ Parent's/Guardian's Name	_____ Parent's/Guardian's Name
() _____ Home Phone	() _____ Work Phone
_____ Address	_____ Address
_____ City, ST ZIP Code	_____ City, ST ZIP Code

Alternative Emergency Contacts

_____ Primary Emergency Contact	_____ Secondary Emergency Contact
() _____ Home Phone	() _____ Work Phone
() _____ Home Phone	() _____ Work Phone
_____ Address	_____ Address
_____ City, ST ZIP Code	_____ City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

_____ Physician's Name	() _____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature	_____ Date
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I give permission for my child to go on field trips. I release Teens and Theatre Co. and individuals from liability in case of accident during activities related to Teens and Theatre, as long as normal safety procedures have been taken.

_____ Parent's/Guardian's Signature	_____ Date
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_____ Witness Signature	_____ Date
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