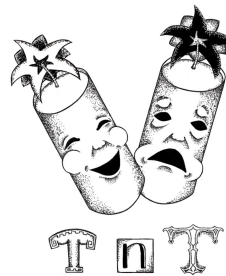


Teens and Theatre Company

a 501c3 not-for-profit organization



Emergency Medical Release and Contact Information

Child's Name

Date of Birth

Sex

M F

Parent's/Guardian's Name

Parent's/Guardian's Name

()

Home Phone

()

Work Phone

()

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

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

Witness Signature

Date