

# Emergency Contact Form

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

If Minor Child:

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Name of person to be notified in an emergency if parents are not available.

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Above \_\_\_\_\_

Name(s) of any person(s) – other than Parents/guardians – to whom the child may be released.

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Is there someone who should not be allowed to pick up the child?

Name \_\_\_\_\_ Description \_\_\_\_\_

## Specific Medical Information: Please Print Clearly

Allergies \_\_\_\_\_

Medications \_\_\_\_\_ Frequency \_\_\_\_\_

Medical Conditions Other \_\_\_\_\_

**In case of serious illness or injury and if emergency contact person(s) cannot be reached, will you allow yourself or your child to be transported to the doctor or hospital by medical personnel?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**I hereby give permission to the Actors Community Theatre/Stage Door to secure emergency medical treatment for the above named minor child in the case of the above named organization. The parent will accept all expenses of care.**

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Signature of Above Named or Parent or Guardian

Date