

The Country Playhouse Academy, Inc.
EMERGENCY CARD

Child's Name: _____		DOB: / /	Age: _____	Sex: M F
Address: _____		City: _____	State: _____	Zip Code: _____
MOTHER'S INFORMATION				
Mother/Guardian's Name: _____		Cell Phone: () -		
Address (if different): _____		Work Phone: () - ext.		
City: _____ State: _____ Zip Code: _____				
Employer's Name: _____				
FATHER'S INFORMATION				
Father/Guardian's Name: _____		Cell Phone: () -		
Address (if different): _____		Work Phone: () - ext.		
City: _____ State: _____ Zip Code: _____				
Employer's Name: _____				
Known Allergies: _____		Medications Taken: _____		
Emergency Contacts:				
1. Name: _____		Relation to Child: _____		Phone Number: () -
2. Name: _____		Relation to Child: _____		Phone Number: () -
<p>In the event of an emergency as determined by the Director, Lead or his/her designee, 9-1-1 will be called. By my signature, I authorize emergency personnel to treat my child and determine if additional treatment is needed. I authorize them to transport my child to an appropriate hospital emergency/trauma facility. I authorize physicians and other medical personnel to perform diagnosis and treatment (including surgery) necessary to stabilize and/or save my child's life. I agree to be responsible for all costs incurred in the treatment of injuries/illnesses/incidents, which may occur while my child attends The Country Playhouse Academy, Inc. and hold The Country Playhouse Academy, Inc. harmless of any liability or costs. My child's physician may be contacted and he/she is permitted to share information pertaining to my child's treatment and other medical conditions. By my signature below, I authorize and agree to these medical emergency instructions and the statements above.</p>				
Parent/Guardian Signature: _____				Date: _____

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