



Emergency Contact and Medical Information for a Child

_____		_____		M	F
Child's Name		Date of Birth		Sex	
_____		_____			
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			

Alternate 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			

Authorized Pick-up List:

Medical Information

Hospital/Client Reference

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

Allergies/Special Health Conditions

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 only applies in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

I hereby authorize UpStage Players to publish photographs or videos taken of my child and my name and likeness, for use in UpStage Players print, online and video based marketing materials, as well as other Theatre or UpStage publications.

Parent's/Guardian's Signature Date