



Emergency Contact and Medical Information for a Child

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