



...bringing live performing arts to your community

SUMMER THEATER ACADEMY EMERGENCY CONTACT FORM

CHILD'S LAST NAME: _____ CHILD'S FIRST NAME: _____

HOME ADDRESS: _____

PHONE NUMBERS:

CELL: _____

RELATIONSHIP: _____

HOME: _____

RELATIONSHIP: _____

WORK: _____

RELATIONSHIP: _____

PRIMARY CONTACT: _____ RELATIONSHIP: _____

PHONE TO REACH DURING DAY: _____

SECONDARY CONTACT: _____ RELATIONSHIP: _____

PHONE TO REACH DURING DAY: _____

PHYSICIAN TO CONTACT:

NAME & NUMBER: _____

ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN THE EVENT OF AN EMERGENCY:

IN CASE OF AN EMERGENCY, YOU HAVE MY PERMISSION TO CONTACT THE PHYSICIAN OR EMERGENCY SERVICES.

SIGNATURE:

PARENT / GUARDIAN SIGNATURE: _____

DATE: _____

PRINTED NAME: _____