



Storybook Musical Theatre

Emergency Contact Information Sheet

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Work/Cell Phone

Home Phone

Work/Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact Name

Secondary Emergency Contact Name

Home Phone

Work/Cell Phone

Home Phone

Work/Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

MEDICAL INFORMATION

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

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

Parent's/Guardian's Signature

Date