



# Storybook Musical Theatre

## Emergency Contact Information Sheet

Child's Name	Date of Birth	<input type="radio"/> M <input type="radio"/> F	Sex
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 \_\_\_\_\_