

# EMERGENCY FORM

Child's Full Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

- Parent/Guardian 1: \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

- Parent/Guardian 2: \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please list **2 additional** emergency contacts: Name, Relation and Phone number:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any know health concerns? If yes, please describe, \_\_\_\_\_

\_\_\_\_\_

Does your child have any know allergies? If yes, please list the allergy and how it is dealt with

\_\_\_\_\_

\_\_\_\_\_

Does your child take any medications on a regular basis? If yes, please describe, \_\_\_\_\_

\_\_\_\_\_

Does your child have any hearing or vision problems? If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Anything else about your child we should know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## THEATRE SCRAPBOOK RELEASE STATEMENT

If you or your child is involved in a Theatre Scrapbook activity, you are hereby advised that our organization does not carry Workman's Compensation Insurance for our participants or volunteers. If you or your child should suffer an injury while participating in our production, you will be personally responsible for your medical or injury related expenses.

I give permission for \_\_\_\_\_ to participate in Theatre Scrapbook camps, activities and productions. I also give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor named above. I also agree to hold Theatre Scrapbook, and/or their assignees, harmless in the event of an injury or accident.

I hereby authorize and consent that Theatre Scrapbook shall have the absolute right to copyright, publish, use, sell or assign any and all photographs, portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, that have been taken of my child, or in which my child may be included in whole or in part.

- I have read and understand the Theatre Scrapbook Release Statement and agree to authorize consent.
- I have read and understand the Theatre Scrapbook Handbook and agree to abide by the policies contained therein. Decisions that are made by the director for the benefit of all involved will also be abided by. We understand that failure to do so will result in disciplinary action and/or removal from the production.

**\*Must be returned by the first day\***

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Parent/Guardian PRINT

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Date

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Parent/Guardian SIGNATURE