



Youth Theatre Works 2026-2027 EMERGENCY MEDICAL INFORMATION AND MEDICAL AUTHORIZATION

STUDENT

Student's Name: _____
Address: _____
City Zip: _____
Phone Number: _____

MEDICAL INFORMATION

Medical Insurance Carrier Policy No.: _____
Doctor's Name: _____
Address: _____
Phone Number: _____
Medical Conditions and/or Allergies: _____
Current Medications: _____

Contact Lenses: YES NO

GUARDIAN INFO

Name: _____
Address (if different from above): _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Circle best contact number: Home Phone Cell Phone Work Phone

Emergency Contact Person Name: _____ Number: _____

Should my child require medical attention while participating in the rehearsals or performances I, the undersigned, hereby authorize any person performing services for Youth Theatre Works to consent to any medical attention, treatment, medication, surgery or hospital care to be rendered to my child upon the advice of a physician licensed under the laws of the State of California. I have medical, health or accident insurance. I understand that all reasonable safety precautions will be taken by Youth Theatre Works or its agents. I will not hold Youth Theatre Works or its agents liable for any accident, injury or disease incurred during the practice or performance. I understand that in the event medical intervention is needed, every attempt will be made to contact parents or guardians immediately. A photocopy of this authorization shall be considered valid.

I understand that all participants must be in compliance with all current COVID precautions.

Print Name (Parent or Guardian) _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____