



Youth Theatre Works 2024-2025 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: _____