



CHILDREN'S THEATRE

EMERGENCY FORM

(Sept. 2016 – Aug. 2017)

Last Name _____ First Name _____ MI _____ DOB _____

Address _____ City _____ ST _____ Zip _____ PH# _____

Parent 1 _____ Home# _____ Cell# _____

Work# _____ Ext# _____ Hours _____ Employer _____

Parent 2 _____ Home# _____ Wk# _____ Cell# _____

Work# _____ Ext# _____ Hours _____ Employer _____

Parental Email Contact(s) _____

(Will not be shared – but for their safety, no children's emails please)

Persons to call if parents are not available:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

All-of-us Express Children's Theatre provides Basic First Aid only (ie, bruises, scrapes, cuts, etc.). We DO NOT administer medication (Rx or over the counter) of any kind.

In an emergency, if parent or other contact cannot be reached, All-of-us Express Children's Theatre will monitor the child and 911 will be called, if necessary.

The following information, if needed, will be presented to Emergency Medical personnel only. It is NOT for use by All-of-us Express Children's Theatre.

Present or recurring health problems or physical impairment: _____

Medications taken regularly: _____

Asthma/Allergies: _____

Special Instructions for any of the above: _____

Doctor's Name, Address and Phone # _____

Insurance Information _____

Parent's Signature _____ Date _____