



Emergency Information

Required for all participants younger than 18



Participant name _____

Address _____

Town _____

Zip _____

Home Phone # _____

Mother's Name _____

Mother's cell phone # _____

Father's Name _____

Father's cell phone # _____

Medical concerns or allergies (be specific): _____

In the event of an emergency, contact (in addition to parents, please list two additional contacts):

Call First:

_____ Name (mother or father)

_____ phone

Call Second:

_____ Name (mother or father)

_____ phone

Call Third:

_____ Name

_____ phone

Call Fourth:

_____ Name

_____ phone

In the event that I cannot be reached to make arrangements for emergency medical care for my child, I grant permission to the Voorhees Theatre Company and any staff, employee, and/or volunteer of said company to take my child and provide my child with transportation to the nearest hospital for medical treatment for any accident or illness as deemed necessary by the staff, employee, or volunteer of the Voorhees Theatre Company. I accept liability for all medical treatment, emergency treatment, and ambulance expenses.

Signature:

(signature of parent or guardian)

(date)