

# MUSICAL THEATRE WORKS

## **-EMERGENCY INFORMATION FORM-**

**===PLEASE PRINT=== IN BLUE OR BLACK INK**

(All new, as well as returning, students need to submit this form)

\_\_\_\_\_  
STUDENT'S NAME

\_\_\_\_\_  
BIRTHDATE

\_\_\_\_\_  
1. PARENT/GUARDIAN'S NAME

\_\_\_\_\_  
ADDRESS, CITY & **ZIP CODE**

\_\_\_\_\_  
PARENT/GUARDIAN'S HOME PHONE NUMBER

\_\_\_\_\_  
WORK NUMBER

\_\_\_\_\_  
CELL OR PAGER NUMBER

\_\_\_\_\_  
2. PARENT/GUARDIAN'S NAME

\_\_\_\_\_  
ADDRESS, CITY AND **ZIP CODE** (IF SAME, WRITE 'SAME')

\_\_\_\_\_  
PARENT/GUARDIAN'S HOME PHONE NUMBER

\_\_\_\_\_  
WORK NUMBER

\_\_\_\_\_  
CELL OR PAGER NUMBER

\_\_\_\_\_  
\*PARENT/GUARDIAN'S E-MAIL ADDRESS--PLEASE **PRINT CLEARLY**\*

\_\_\_\_\_  
STUDENT E-MAIL ADDRESS/CELL PHONE NUMBER (if available)

### **PERSON(S) TO NOTIFY IN AN EMERGENCY:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
RELATIONSHIP

CHILD'S DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### **ACTION TO BE TAKEN (for major illness/injury) if parent cannot be reached:**

\_\_\_\_ TAKE CHILD TO EMERGENCY HOSPITAL

\_\_\_\_ I GIVE PERMISSION FOR MY CHILD RE RECEIVE MEDICAL TREATMENT

\_\_\_\_ DO **NOT** TAKE CHILD TO EMERGENCY HOSPITAL

\_\_\_\_ OTHER INSTRUCTIONS: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY FOOD/DRUG ALLERGIES? IF YES, DESCRIBE: \_\_\_\_\_

DOES YOUR CHILD TAKE ANY MEDICATIONS? IF YES, DESCRIBE: \_\_\_\_\_

### **BESIDES PARENT/GUARDIAN(S), THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD(REN) FROM MTW:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
RELATIONSHIP