

MUSICAL THEATRE WORKS

-EMERGENCY INFORMATION FORM-

***** PLEASE PRINT *****

ALL INFORMATION IN 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 AND 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 (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