

Family Name \_\_\_\_\_

**Peninsula Youth Theatre  
Emergency Medical Form**

Name of Cast Member \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Name of Cast Member \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Name of Cast Member \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_  
(Parent or Guardian)

Home Address \_\_\_\_\_ Home Phone( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Name \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_  
Business Address \_\_\_\_\_ Cell/Pager # ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_  
(Parent or Guardian)

Home Address \_\_\_\_\_ Home Phone( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Name \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_  
Business Address \_\_\_\_\_ Cell/Pager # ( ) \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Phone( ) \_\_\_\_\_  
Insurance Policy Number \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone( ) \_\_\_\_\_  
Address \_\_\_\_\_

If you cannot be reached in an emergency, please give the name of a friend or relative you would like us to call:

Emergency Contact Name \_\_\_\_\_ Phone( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Is there anything else you would like us to know about your child (allergies, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event your child is injured or an emergency occurs, PYT will make every effort to reach you. If you cannot be reached, PYT will try to reach your emergency contact. If possible, PYT will call your designated doctor or dentist. However, if deemed necessary because of the nature of the injury or emergency, PYT will obtain treatment from the nearest hospital. Please sign below to give your permission to obtain medical assistance as described above in the event of an injury or emergency situation.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian