

DELAWARE ALL-STATE THEATRE

Emergency Contact and Medical Information

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Address	
City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release Delaware All-State Theatre, J. Alexander Productions, and individuals from liability in case of accident during activities related to release Delaware All-State Theatre and J. Alexander Productions, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Witness Signature	Date
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