

THE YOUNG ACTORS GUILD EMERGENCY CONTACT FORM

Child's Name: _____ Birth Date: _____

Parent/Guardian 1: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian 2: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

IF ABOVE PERSONS ARE NOT AVAILABLE: Contact information of persons to whom the child may be released

Contact 1: _____ Relationship: _____

Address: _____ Phone: _____

Contact 2: _____ Relationship: _____

Address: _____ Phone: _____

Contact 3: _____ Relationship: _____

Address: _____ Phone: _____

MEDICAL CONTACT INFORMATION:

Family Physician's Name: _____ Phone: _____

Are there any known illnesses, surgery, injuries, allergies, health, or medical conditions that the provider should be made aware of? If yes, please describe and give instruction:

PARENTAL CONSENT STATEMENT: The information on this form will be used in emergency situations. Program personnel and venue employee's will have this information in the event of an emergency. If at any time due to such circumstances as accident, sudden illness, or emergency, and medical treatment is required, this card will be given to the necessary personnel including a private physician, hospital, or medical personnel. I give permission to The Young Actors Guild to make whatever emergency measures as judged necessary for the care and protection of my child while under the supervision of The Young Actors Guild, Inc. In case of medical emergency, I understand that my child will be transported to a local emergency unit for treatment, at my expense, if the local emergency resource (police, rescue squad) deems it necessary. I hereby authorize the program to act on my behalf in case of an emergency.

Signature of Parent/Guardian

Date