

Chrysalis Youth Theatre

EMERGENCY FORM and RELEASE FROM LIABILITY

(PLEASE PRINT NEATLY AND USE BLUE OR BLACK INK)

Student Name: _____

Address: _____

Home Phone: _____

Parent Names and Phone Numbers where parents can be reached, if not at home:

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Emergency Contact Name (other than a parent): _____

Relationship: _____ Phone: _____

Student's Known Allergies to Medicines: _____

Date of Last Tetanus Shot: _____

Is student currently taking medications? _____ If so, list: _____

Please explain any other medical allergies, issues or needs: _____

Doctor's Name: _____ Phone: _____

Medical Insurance Co: _____ Policy No: _____

Insurance Phone: _____

My child has my permission to participate in Chrysalis Youth Theatre rehearsals and performances. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by Chrysalis Youth Theatre to provide any medical or surgical attention for my child as deemed necessary. I hereby release and hold harmless Chrysalis Youth Theatre and its designated leaders from all liability and for all actions or claims that I or my child may now or hereafter have for damage or injury to my child or his/her property.

Parent's Name (print)

Parent's Signature

Date