



YOUTH THEATRE EMERGENCY INFORMATION FORM

Must be completed prior to student participation in workshops.

Participant Name: _____ Parent Phone: _____

Parent Email: _____

Participant Age: _____ Birth Date: _____ With whom does the child live? Mother Father Other

1st Emergency Contact

2nd Emergency Contact

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Relationship: _____

Relationship: _____

Physician: _____ Phone: _____

Name of Health Insurance Co: _____ ID # _____

Does your child have any allergies? No Yes Please list: _____

Instructions in case of a reaction: _____

Any allergy to medication? No Yes If yes, please indicate: _____

Does your child taking medication on a regular basis? No Yes If yes, please indicate medication, dosage, and reason for taking: _____

Please list ANY injuries, health issues, or disabilities we should know about: _____

I, _____, hereby authorize my child, _____, to participate in Rocky Mountain Repertory Theatre Youth Theatre Program, including classes, rehearsals, special functions, and performances. I further authorize the **making and use of any films, pictures, or other recordings** of these activities for any purpose that RMRT may make or authorize to be made without compensation to my child or me. I authorize the use of any films and recordings of the workshops to be used for RMRT promotional purposes. I understand that my **child may be dismissed permanently** from the workshop if she/he does not follow the rules set by the staff of the workshop, receiving no refund. I understand that my child will be under the supervision of RMRT staff. I understand that despite the responsible supervision which RMRT will make in this connection RMRT **cannot guarantee against the possibility of an accident involving my child.** I hereby waive any claim that might be made against RMRT, its employees and staff in connection with any injury my child may incur.

In the event that any serious injury should occur involving my child, I wish RMRT to take all appropriate steps to notify me immediately of the event, but if I am inaccessible for any reason, **I authorize whatever medical attention is deemed appropriate for my child.**

I affirm that I have the authority to sign this consent.

Signature of parent or guardian: _____ Date: _____

PRINT name of parent or guardian: _____