

The Alliance Theatre presents Willy Wonka

Summer Stars 2009

Emergency Care Card

This form must be on file with The Alliance Theatre before rehearsals begin and is required for all school-aged children participating in the show.

Please put a check by the main contact phone number(s) to ensure the most efficient communication. We usually make very few phone calls but in an urgent situation need to be prepared.

Child's Last Name _____ First Name _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's
Last Name _____ First Name _____

Address: (if different)

City: _____ State: _____ Zip: _____

Work Phone: _____ Home: _____

Cell _____ E-mail _____

Father's
Last Name _____ First Name _____

Address: (if different)

City: _____ State: _____ Zip: _____

Work Phone: _____ Home: _____

Cell: _____ E-mail _____

Describe any food allergies your child has: _____

Describe any other medical condition or other condition that TAT should know about.

Child's Name _____

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Does your child have Asthma? Yes No If so does your child have an inhaler? Yes No

Is your child able to participate in vocal, dance & acting activities normally associated with a musical production? Yes No

Does your child have an Epipen? Yes No

In case of medical emergency please leave two contacts who have your permission to have your child treated by a hospital or emergency care center. Hospitals and centers expect these people to have a separate authorization signed by you to allow for treatment -- even Grandparents.

Emergency Contact #1 _____

Work Phone: _____ Home: _____ Cell _____

Emergency Contact #2 _____

Work Phone: _____ Home: _____ Cell _____

In case of medical emergency while participants are rehearsing and producing WILLY WONKA for the Alliance Theatre, and we are unable to contact any of the above adults, does an instructor for the Alliance have permission to have your child treated at the hospital or emergency care center? Yes No

Family Physician: _____ Phone: _____

Insurance Provider: _____

Subscriber Name: _____ Policy Number: _____

Other parents, guardians, and people who have permission to pick up your child

Last Name _____ First Name _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____ Relationship: _____

Last Name _____ First Name _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____ Relationship _____

Parent's Signature: _____ Date _____