EMERGENCY FORM (ONE per family)

Authorization to Consent to Emergency Medical Treatment- ***Please PRINT***.

Participant's Name(s) ____

In Case of Emergency Telephone #'s where *BOTH parents* can usually be **reached in the evenings**:

Mom's Name ____________________ **Cell Phone**: ________________________

Dad's Name ____________________ **Cell Phone**: ________________________

Emergency Contact *IF parent cannot be reached*: *(Grandparent, neighbor, good friend)*

Name __________________________________ Cell Phone ___________________________

Is there any *special medical issues our Staff should know about your child/teen?*
(Examples: behavioral issues, ADD, ADHD, allergies to medicine or food; diabetes; etc.)

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Name of Physician: ________________________ **Doctor's Phone #** _____________________

Hospital preference: Nearest [ ]*check here*- **OR** Preference ____________________________

Name of Medical Plan Company ____

I hereby authorize ***ESCAPE Theatre*** through the adult person into whose care said child has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis, treatment and/or hospital care for him/her, under supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. It is understood that this authority is given in advance of the need for any diagnosis, treatment of medical care, and is to provide authority to said adult person should the treatment of medical care, and is to provide authority to said adult person **should the need arise**. This authorization shall remain effective throughout each rehearsal, performance or regular meeting during the current show (session).

I hereby agree to hold ESCAPE, their staff, and any volunteers, harmless from all liability which may arise as a result of my/my child's participation in the activities mentioned above. I understand that the activities involved in ESCAPE may involve risk or accidental injury and I hereby voluntarily assume such risk.

Signature ______________________________________ Date _____________________________
Parent or Guardian