



Emergency Contact and Health Information Sheet

Full Name: _____

Birth Date: _____

Home Phone Number: _____ Cell Phone Number _____

e-Mail Address: _____

Parent/Spouse e-Mail Address: _____

Names/Emergency Contact Information:

Mother

Father

Spouse/Other

Names: _____

Work/Cell: _____

Please list other people to whom your child may be released. If you send someone else to pick up your child that is not listed here, please give a signed note to one of the kid coordinators on duty when dropping off your child or contact them in advance.

Names

Numbers / e-mail address

In case of a medical emergency, please list any medicines you/your child may be on, any medical conditions emergency personnel should be aware of, or any allergies you/your child may have.

**Emergency Contact Forms are required for
all cast, crew and production members.**