

Family Name _____

**Garage Theatre Group
Emergency Medical Form**

Name of Cast Member _____ Birthdate _____ Age _____
Name of Cast Member _____ Birthdate _____ Age _____
Name of Cast Member _____ Birthdate _____ Age _____

Mother's Name _____
(Parent or Guardian)

Home Address _____ Home Phone() _____
City _____ State _____ Zip Code _____
Business Name _____ Day Phone () _____
Business Address _____ Cell/Pager # () _____

Father's Name _____
(Parent or Guardian)

Home Address _____ Home Phone() _____
City _____ State _____ Zip Code _____
Business Name _____ Day Phone () _____
Business Address _____ Cell/Pager # () _____

Insurance Provider _____ Phone() _____
Insurance Policy Number _____
Family Doctor _____ Phone() _____
Address _____
Family Dentist _____ Phone() _____
Address _____

If you cannot be reached in an emergency, please give the name of a friend or relative you would like us to call:

Emergency Contact Name _____ Phone() _____
Address _____
Relationship _____

Is there anything else you would like us to know about your child (allergies, etc)? _____

In the event your child is injured or an emergency occurs, GTG will make every effort to reach you. If you cannot be reached, GTG will try to reach your emergency contact. If possible, GTG will call your designated doctor or dentist. However, if deemed necessary because of the nature of the injury or emergency, GTG will obtain treatment from the nearest hospital.

Please sign below to give your permission to obtain medical assistance as described above in the event of an injury or emergency situation.

Signature _____ Date _____
Parent or Guardian