



Emergency Medical Form

PART 1: Authorization to Seek Medical Treatment

I, the undersigned, do hereby authorize representatives of StarStruck Theatre to serve as agents for the undersigned to consent to any necessary medical treatment. In the event your child is injured or an emergency occurs, SS will make every effort to reach you. If you cannot be reached, SS will try to reach your emergency contact. If possible, SS will call your designated doctor or dentist. However, if deemed necessary because of the nature of the injury or emergency, SS will obtain treatment from the nearest hospital.

Actor Name (print): _____ Date: _____

Actor Signature: (if over 18) _____

Parent's Signature: _____

PART TWO: Emergency Contacts (list parents/guardians first)

Name	Day Phone	Evening Phone	Relationship
			Parent/guardian 1
			Parent/guardian 2

Primary Care Physician: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Policy holder name and phone: _____

Drug allergies: _____

Are there any other medical or personal problems of which our staff should be aware? Please share pertinent information with us. This information will be kept confidential.

