



Emergency Contacts

Student Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____

Mother's phone: _____ Father's Phone: _____

Two persons you recommend we call in the event you cannot be reached:

- | | <u>Name</u> | <u>Phone Numbers (list all relevant numbers)</u> |
|----|-------------|--|
| 1) | _____ | _____ |
| 2) | _____ | _____ |

Preference of physicians: (please include name, telephone and address.)

- | | | | |
|----|-------|-----------|---------|
| 1. | _____ | _____ | _____ |
| | Name | Telephone | Address |
| 2. | _____ | _____ | _____ |
| | Name | Telephone | Address |

If neither physician is available, do we have permission to take your student to a hospital or available physician? _____ Yes _____ No

Preference of Hospital: _____

Medical history and physical limitations or problems that should be known by the director and staff: _____

In case of emergency and the above contacts cannot be reached, I authorize Sierra School of Performing Arts to seek medical treatment.

Signature Printed Name

Please list all people who are authorized to pick up your student after rehearsal:

- | | | | |
|----|-------|----|-------|
| 1. | _____ | 2. | _____ |
| 3. | _____ | 4. | _____ |