

# Theatre With a Twist, Inc.

## Emergency Contact and Medical Information for a Child

Child's Name		Date of Birth		M	F
				Gender	
Parent's/Guardian's Name		Parent's/Guardian's Name			
Primary Phone	Secondary Phone	Primary Phone	Secondary Phone		
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			

## Alternative Emergency Contacts

Primary Emergency Contact 1		Secondary Emergency Contact 1			
Primary Phone	Secondary Phone	Primary Phone	Secondary Phone		
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			

## Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Medication Dispensed at Camp	Epi Pen
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date

I give permission for my child to go on field trips. I release Theatre with a Twist, Inc. and individuals from liability in case of accident during activities related to Theatre with a Twist, Inc., as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date