

**Emergency Form
STAGE DOOR CONSERVATORY**

Child's Name _____ Birth Date _____

Address _____

Home Phone _____ Email _____

Father/Guardian Name _____ Day Phone _____

Mother/Guardian Name _____ Day Phone _____

EMERGENCY CONTACT INFORMATION

Name _____ Day Phone _____ Relationship _____

Name _____ Day Phone _____ Relationship _____

Name _____ Day Phone _____ Relationship _____

Name _____ Day Phone _____ Relationship _____

MEDICAL INSURANCE

Physician's Name _____ Phone _____

Health Insurance is covered by _____

Child's Medical # _____

CONSENT FOR MEDICAL TREATMENT *Please read before signing:* *I, the undersigned, certify that I am the legal parent/guardian of the above named participant and that he/she is in good health. I do hereby consent to any examinations, x-rays, medications and anesthesia, and surgical treatment of the above named minor that may become necessary based on the recommendations that may be made by the attending physicians. It is understood that this consent is given in advance of any accident or illness that may require diagnosis and treatment, but is given to encourage physicians to use their best judgment and proceed immediately with any necessary treatment. This authorization for diagnosis and treatment is valid only in the event that the undersigned parent or guardian cannot be reached in case of emergency and shall remain in effect until revoked in writing.*

In case of a medical emergency, if I cannot be reached, I give my permission for my child to be transported to the following hospital at my expense:

If no hospital is listed above, your child will be taken to the nearest emergency facility and the parent/guardian will be notified immediately. In the case of a non-threatening injury, the parents will be called and their specific instructions will be followed. I agree to assume the risk of accident or injury to my child sustained from whatever cause in connection with day camp. I further agree to hold Stage Door Conservatory, its employees and agents, harmless should any accident or injury occur to my child. I understand that no medical insurance is provided.

SIGNATURE: _____ **DATE:**

Please see back side

My child has the following medication allergies:

Other medical conditions (i.e., asthma):