EMERGENCY CONTACT INFORMATION:

Cast Member/ Tech Crew/ Assistant: ____________________________________________

In case of emergency, contact:

Name: ___________________________________ Home: ____________________________
Work: ___________________________________ Cell: _____________________________
Name: ___________________________________ Home: ____________________________
Work: ___________________________________ Cell: _____________________________
Primary Care Dr.: _______________________ Phone: ____________________________
Health Ins. Co.: _________________________ Phone: ____________________________
Insurance I.D.#: _______________________ Group#: _________________________

Medical conditions, concerns or limitations: ____________________________________________

CONSENT FOR EMERGENCY MEDICAL CARE

I hereby authorize Greasepaint staff members, volunteer supervisors, or agents of Greasepaint to act as our agent to consent to any medical or surgical diagnosis and/or treatment or hospital care deemed advisable by a duly licensed physician in the event of any emergency. I agree to pay all expenses so incurred. Every attempt will be made to reach the emergency contacts and/or family members listed above; however, in no event will Greasepaint staff members, volunteers or agents be held liable for any first aid or medical procedures performed pursuant to this consent form.

Parent/Guardian Signature: _______________________________ Date: ____________

PERMISSION SLIP (for children under 18):

Before, during, and after rehearsals some members of the cast walk or drive to local restaurants or places nearby. Please let us know if you give your child permission to go. Greasepaint cannot be responsible for anyone leaving the theatre unsupervised.

I, ___________________ give my permission and will allow ______________________

Parent/Guardian Name                                             Child’s Name

to leave Greasepaint Youtheatre unsupervised.

Parent/Guardian Signature: _______________________________ Date: ____________