



Pit and Balcony Theatre

Emergency Contact & Medical Information

Must be completed & returned upon receipt

Thank you for your participation in Pit and Balcony's Summer Youth Theatre Workshop, Class Act. We appreciate your efforts in this project. Please fill out the following form for our records. This information will be kept confidential and only used in the case of a medical emergency.

Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____

Email: _____

Emergency Contact Information:

Name: _____ **Relationship:** _____

Phone: _____ **Cell Phone:** _____

Alternate Contact Name: _____ **Relationship:** _____

Phone: _____ **Cell Phone:** _____

Are you currently being treated for any medical condition(s)? If yes, please specify:

Any allergies? (please include food allergies)

Are you currently taking any prescription medication(s)? If yes, please specify:

Have you recently received treatment for any major medical problems?

Signature: _____ **Date:** _____

Please Print Name: _____