



EMERGENCY INFORMATION AND
PARENT/GUARDIAN MEDICAL CONSENT FORM

This form remains on file with a Director at all times.

CAST MEMBER INFORMATION:

Cast Member Name(s): _____

Age: _____ Grade: _____ Birth Date: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Cast Email (*please print clearly*): _____

PARENT / GUARDIAN INFORMATION:

Mother / Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother Email (*please print clearly*): _____

Father / Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father Email (*please print clearly*): _____

Contact information will appear on the Saline Varsity Blues Roster unless the Board of Directors are instructed, in writing, not to publish it. The Cast Member Roster will only be distributed to Saline Varsity Blues Cast Members and their families.

In an emergency, if parent(s) / guardian(s) cannot be reached, please contact:

1) Name: _____

Phone: () _____

2) Name: _____

Phone: () _____

MEDICAL INFORMATION:

Doctor / Pediatrician Name: _____

Phone: () _____

Medical Insurance Carrier: _____

Group / Policy Number: _____

Phone: () _____

Allergies we should be aware of: _____

Is your child presently on any medication? Yes No

If yes, please list medications: _____

Date of your child's last: Tetanus shot: _____ Hepatitis B shot: _____

My child may be given, upon his or her request:

Non-aspirin pain reliever Antacid medication

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for my (our) above named son or daughter. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I (we) understand that an attempt will be made by the attending physician to contact me (us) in the most expeditious manner possible. If said physician is not able to communicate with me (us), the treatment necessary for the best interest of my (our) son or daughter may be given.

Permission is also granted to the Saline Varsity Blues, its Directors, Board Members or anyone associated or working with the organization to provide the needed emergency treatment prior to my (our) son's or daughter's admission to a medical facility. We understand that all medical expenses are our responsibility.

Mother / Guardian Signature

Date

Father / Guardian Signature

Date