



## EMERGENCY FORM (1 Per Student)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's School: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (Zip)

Mother's Cell #: (\_\_\_\_) \_\_\_\_\_

Father's Cell #: (\_\_\_\_) \_\_\_\_\_

Primary E-mail: \_\_\_\_\_@\_\_\_\_\_

List any physical conditions which might affect your son/daughter's involvement in theatre:  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Physician Phone #: (\_\_\_\_) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Should your son/daughter need emergency medical attention and you are unable to be immediately reached, please list another emergency contact:

Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

I give permission to Junior Thespian Productions to photograph my child for rehearsal and production pictures which may be used for the JTP website, cast picture, & professional DVD.

Yes     No

Safety Release/ Permission:

I (Parent's Name) \_\_\_\_\_ am enrolling my son/daughter \_\_\_\_\_ in the Junior Thespian Productions (JTP) production and I also understand that he/she will be supervised by JTP and Servite High School staff members while engaging in theatre activities. I fully understand that there is an inherent risk when involved in theatre and the use of Servite Theatre Facilities or any other JTP location. I hereby release Servite High School, Junior Thespian Productions and all staff and personnel from liability.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_