



EMERGENCY FORM (1 Per Student)

Student's Name: _____ Grade: _____

Address: _____
(City) (Zip)

Home Phone #: (____) _____

Parent Cell #: (____) _____

Parent Cell #: (____) _____

Parent 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 son/daughter for rehearsal and production pictures which may be used for the JTP's website, cast picture, and 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: _____