



MEDICAL & EMERGENCY CONTACT INFORMATION: MINORS

Participant Contact Information:

Name of Participant: _____ Age: ____ DOB: _____

Address: _____ City/Town: _____ Postal Code: _____

Parent/Guardian Contact Information:

Parent/Guardian #1:

Name: _____ Relationship: _____

Address: _____ City/Town: _____ Postal Code: _____

Home #: (____) _____ Cell #: (____) _____ Business #: (____) _____

Email Address: _____

Parent/Guardian #2:

Name: _____ Relationship: _____

Address: _____ City/Town: _____ Postal Code: _____

Home #: (____) _____ Cell #: (____) _____ Business #: (____) _____

Email Address: _____

Emergency Contact Information:

Emergency Contact #1:

Name: _____ Relationship: _____

Address: _____ City/Town: _____ Postal Code: _____

Home #: (____) _____ Cell #: (____) _____ Business #: (____) _____

Emergency Contact #2:

Name: _____ Relationship: _____

Address: _____ City/Town: _____ Postal Code: _____

Home #: (____) _____ Cell #: (____) _____ Business #: (____) _____

Medical Information:

Alberta Health Care Number (optional): _____

Does the participant have any medical conditions we should be aware of? ___ Yes ___ No

If yes, please describe:

Does the participant take any medication we should be aware of? ___ Yes ___ No

If yes, please describe:

Does the participant have any allergies? ___ Yes ___ No

If yes, check all that apply:

Food:

Nuts/Peanuts/Tree Nuts

Dairy

Other Food – Please specify:

Drugs/Medication – Please specify: _____

Environmental (hay fever, etc.) – Please specify: _____

Latex (balloons, gloves, bandages, etc.)

Animals – Please specify: _____

Insects – Please specify: _____

Other – Please specify: _____

Family Doctor's Name: _____ Phone #: (____) _____

I confirm that the information set out above is accurate to the best of my knowledge, belief, and information.

I understand that it is my responsibility to notify the Swamp Donkey Musical Theatre Society of any changes in the above information as soon as possible.

Signature

Print Name

Date