

LEXINGTON YOUTH THEATRE MEDICAL EMERGENCY INFORMATION FORM

CAST MEMBER NAME \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

IF I CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY PLEASE CALL

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

Please list any food allergies: \_\_\_\_\_

\_\_\_\_\_

Lexington Youth Theatre Publicity Release

Lexington Youth Theatre has my permission to feature my cast member in all forms of publicity to publicize the current production.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian