

McKinney Repertory Theatre Young Actors Guild Emergency Procedures and Medical Information



In case of injury or serious illness, I hereby grant permission for YAG employees to secure medical services for the child identified below. I also give permission for the medication I have checked below to be administered by director and/or designated sponsor as necessary.

Student Name: _____

(Last)

(First)

(Middle)

DOB: ____ / ____ / ____

Address: _____

(Street)

(City)

(Zip)

Home

Phone: (____) ____ - ____

Work

Phone: **Father's Work:** (____) ____ - ____ **Mother's Work:** (____) ____ - ____

Cell

Phone: **Father's Cell:** (____) ____ - ____ **Mother's Cell:** (____) ____ - ____

Please circle or fill in the appropriate response to the following:

Asthma Inhaler? Y / N **Diabetes?** Y / N **Heart Trouble?** Y / N **Contact/Glasses?** Y / N

Drug/Food Allergies:

(please list): _____

Medical

Insurance: _____

Policy #: _____

Family Physician: _____

Physician Phone:

(____) ____ - ____

Other medical concerns:

ORAL MEDICATION RELEASES (provided by Parent/Guardian):

Medication(s):		Instructions:	
Admin record: Date	Medication	Dosage/time	signature

Signature of Parent or Guardian: _____ **Date:** _____