



16587 NE 74th St. Redmond, WA 98052 - (425) 881-6777 - www.SecondStoryRep.org

CONFIDENTIAL EMERGENCY HEALTH INFORMATION
PLEASE COMPLETE FORM & RETURN AS SOON AS POSSIBLE

Student's Name: _____ Birth date: _____ Sex: M/ F

Today's date: _____

Parents name: _____
(mother) (father)

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Home address: _____

Student lives with: Mother: _____ Father: _____ Both parents: _____ Other: _____

IN THE EVENT OF A MEDICAL EMERGENCY, IF A PARENT OR GUARDIAN CANNOT BE
REACHED, PLEASE CONTACT:

Name: _____ Home phone: _____ Cell phone: _____

ALERT TO PARENTS: If your child has a serious medical condition, it is vital that you not only include below, but also discuss this with your teacher(s) immediately. It is very important to know of LIFE THREATENING conditions (for example asthma, diabetes, nut/insect allergies).

MEDICAL CONDITION/ALLERGIES: Yes " No " If yes, explain:

MEDICATION: (Include prescription, over-the-counter medication.) Yes " No "

If yes, explain:

Name of Physician: _____ Phone: _____

I, the undersigned parent/guardian of the registrant, a minor, recognize the possibility of physical injury. In consideration of accepting the registrant into its drama program and activities, I hereby release, discharge and indemnify SECONDSTORY REPERTORY, its employees and associated personnel, including the owners of the premises utilized by the programs, my or the registrant's participation in the programs including transportation to or from the programs, which transportation I expressly authorize. I hereby give consent for emergency medical care by a duly licensed Doctor. I certify that I have read, understood, and agree to all the above and that the information provided is true and accurate to the best of my knowledge.

Signed, _____ Date _____