Cast Directory Information

Actor's Name		cell ph	email	*No need to repeat information if it's the same; merely write "same" on the line.*
Mother's Name	hm ph	cell phone	email	Address
Father's Name	hm ph	cell phone	email	Address

Age	Birthday	School	Grade

Medical Form

#1 Emergency Contact	hm ph	cell phone	Relationship	email (optional)
#2 Emergency Contact	hm ph	cell phone	Relationship	email (optional)

Critical Medical Information / prescription medication being taken / allergies_____

_____

Doctor Name and ph # _____ Preferred Hospital _____

_____

Signature of Parent or guardian Date

If your child is injured or becomes ill, we will attempt to contact you or the emergency contact immediately.

ALL ABOUT THEATRE