



## MEDICAL RELEASE FORM

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Primary Parent \_\_\_\_\_ Main Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent/Relative (list name & relation) \_\_\_\_\_

Main Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

In case of emergency and neither parent/guardian can be reached, please contact

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical information that we should be aware of (medical history, allergies, regular medications, etc.)

\_\_\_\_\_

\_\_\_\_\_

Any "over the counter" drugs **not** to be used would include \_\_\_\_\_

\_\_\_\_\_

Any current medications \_\_\_\_\_

Insurance Policy Primary Cardholder \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Medical Insurance Policy/Plan # \_\_\_\_\_

Prescription Drug Company & Plan # \_\_\_\_\_

### Copy of insurance card (front & back) attached

I hereby authorize *Braver Players Theatre Company* to obtain the services of a licensed physician, emergency room personnel, nurse, or ambulance personnel in the event of an emergency or injury while participating in Company activities. I also understand that this information will be retained on file and used in the event that medical attention is required for my child or children during such activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)