



**EMERGENCY INFORMATION AND  
PARENT/GUARDIAN MEDICAL CONSENT FORM**

*This form remains on file with a Director at all times.*

**CAST MEMBER INFORMATION:**

Cast Member Name(s): \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cast Email (*please print clearly*): \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION:**

**Mother** / Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother Email (*please print clearly*): \_\_\_\_\_

**Father** / Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father Email (*please print clearly*): \_\_\_\_\_

Contact information will appear on the Saline Varsity Blues Roster unless the Board of Directors are instructed, in writing, not to publish it. The Cast Member Roster will only be distributed to Saline Varsity Blues Cast Members and their families.

***In an emergency, if parent(s) / guardian(s) cannot be reached, please contact:***

1) Name: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**MEDICAL INFORMATION:**

Doctor / Pediatrician Name: \_\_\_\_\_

Phone: (            ) \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Group / Policy Number: \_\_\_\_\_

Phone: (            ) \_\_\_\_\_

Allergies we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Is your child presently on any medication?     Yes     No

If yes, please list medications: \_\_\_\_\_

Date of your child's last: Tetanus shot: \_\_\_\_\_      Hepatitis B shot: \_\_\_\_\_

My child may be given, upon his or her request:

Non-aspirin pain reliever       Antacid medication

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for my (our) above named son or daughter. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I (we) understand that an attempt will be made by the attending physician to contact me (us) in the most expeditious manner possible. If said physician is not able to communicate with me (us), the treatment necessary for the best interest of my (our) son or daughter may be given.

Permission is also granted to the Saline Varsity Blues, its Directors, Board Members or anyone associated or working with the organization to provide the needed emergency treatment prior to my (our) son's or daughter's admission to a medical facility. We understand that all medical expenses are our responsibility.

\_\_\_\_\_  
Mother / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father / Guardian Signature

\_\_\_\_\_  
Date