



## Medical Information Form for Minor Children

Child's Name \_\_\_\_\_

Parent/Guardian Name(s) : \_\_\_\_\_

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

Preferred Contact Phone  
Number(s): \_\_\_\_\_

Preferred  
Email: \_\_\_\_\_

Insurance  
Information: \_\_\_\_\_

MAJOR MEDICAL ISSUES or ALLERGIES: \_\_\_\_\_

Emergency Contact (Please include names and phone numbers of at least one person other than yourself.) \_\_\_\_\_

In case of emergency, every effort will be made to contact a family member or designated emergency contact. Should immediate treatment be necessary, but we cannot reach you right away, please sign the form below so a member of our company can authorize medical treatment.

I, \_\_\_\_\_, authorize a representative of Lower Shore Performing Arts Company to seek and/or authorize medical or dental treatment for my child, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date