



## CHILD'S PERSONAL DATA & EMERGENCY CONTACT FORM

### CHILD(REN)'S INFORMATION

First Name	Last Name	Sex	Grade	Date of Birth (M/D/YY)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### PARENT/GUARDIAN INFORMATION

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

Email(s) \_\_\_\_\_

Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

### HEALTH AND EMERGENCY INFORMATION

I do hereby give my consent to the Sioux Empire Community Theatre staff for my child(ren) to receive medical or surgical aid as may be necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when a parent or guardian cannot be reached. Consent is also given for Sioux Empire Community Theatre, or a duly appointed representative, to transport my child for emergency medical treatment if a parent or guardian cannot be reached. \_\_\_\_\_ (initial) Preferred Emergency Treatment Facility \_\_\_\_\_

### FOOD/ENVIRONMENTAL ALLERGIES or MEDICAL CONDITIONS CHILD(REN)

\_\_\_\_\_  
\_\_\_\_\_

No allergies or medical conditions

### PERMISSION FOR SELF CHECK-OUT (only for ages 11 and above)

YES, \_\_\_\_\_ is/are at least 11 years old and has permission to check himself/herself out.

NO, my child does not have permission to self check-out.

### MEDIA RELEASE

I give permission for the Sioux Falls Community Theatre to use my child(ren)'s names, photographs and interviews for future publications, promotional materials (print and online) or educational materials.

YES  NO

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

\_\_\_\_\_  
Date