



EMERGENCY MEDICAL AUTHORIZATION FORM

MINOR CHILD'S NAME: _____ Date of Birth: _____

Emergency Contact #1

Name: _____

Primary Phone #: _____ Secondary Phone #: _____

Emergency Contact #2

Name: _____

Primary Phone #: _____ Secondary Phone #: _____

Name of Doctor: _____ Doctor's Phone #: _____

Name of Insurance Co.: _____ Insurance Policy #: _____

Please describe any medical conditions, life-saving medications, allergies, or other important information:

I, the undersigned parent or legal guardian of the above-named minor, authorize the Columbus Children's Theatre personnel and their designee to take whatever reasonable steps they deem necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that CCT shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by CCT. I understand that this form is in effect from the date signed and that it is my responsibility to inform CCT of any changes to this form. It is my understanding that this form also serves to establish my consent and permission for the above-named minor to participate in CCT Academy classes and activities, and to be photographed for CCT/partner advertising and public relations use.

Parent/Guardian's Printed Name: _____

Signature: _____ Date: _____

Primary Phone #: _____ Secondary Phone #: _____