

# Amherst Community Theater Emergency Information Form

## Participant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Town: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

## Emergency Contact Information:

### Person to be called first:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

### Person to be called second:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

## Allergies:

Food: \_\_\_\_\_ Insects: \_\_\_\_\_ Medications: \_\_\_\_\_

Environment: \_\_\_\_\_

Other Medical Information you want us to know? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian signature if participant is under 18)