

# Lexington Youth Theatre

## Contact Information/Medical Emergency

Name of Production \_\_\_\_\_

**Cast Member Name:** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell # (actor)** \_\_\_\_\_

**City:** \_\_\_\_\_ **St.:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Cast Member:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_ **M/F** \_\_\_\_\_ **Ht.** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

Parent's Name to contact about LYT information during practice and performance times.

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

### EMERGENCY CONTACT

(If parent cannot be reached, in the event of an emergency)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any food allergies or special needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of a medical emergency, I hereby authorize Lexington Youth Theatre and its representatives to secure emergency medical treatment for my child, \_\_\_\_\_.  
(child's name)

**Signature of Parent/Guardian:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_