

Medical Emergency Release Form

Name _____ Age/Birthdate _____

Address _____ City, State, Zip _____

Home Phone _____ Email _____

Mother's Name _____ Phone 1 _____ Phone 2 _____

Father's Name _____ Phone 1 _____ Phone 2 _____

Please list any known medical conditions which may preclude the above child from participating in DAG events:

Please list any known medical conditions which may require consideration in the event of an emergency:

Please list all known allergies:

(Circle)

Do you have Asthma?	Yes	No	if yes, do you carry an inhaler?	Yes	No
Are you Allergic to Peanuts?	Yes	No	Do you carry an epi-pen?	Yes	No
Do you have Diabetes:	Yes	No			

In case of Emergency:

Contact _____ Relation _____ Phone _____

Personal Physician _____ Phone _____

Insurance Carrier _____ Policy # _____ Group # _____

Waiver:

In consideration of my child participating in Downriver Actors Guild, I agree to accept the risks of injury to my child, to hold the officers, directors, employees, and members harmless from any claims of any nature whatsoever arising out of the activities of the Downriver Actors Guild events.

Parent/Guardian (print) _____ Relationship _____

Parent/Guardian (Sign) _____ Date _____

Should my Child be in need of medical treatment, my signature below confirms my permission for this to be done in the event that I cannot be reached promptly.

Parent/Guardian (Sign) _____ Date _____