

Children's Theater of Madison Medical Information Form



The following information is required and will be used in the event of an injury or medical emergency.

Participant name _____ Date of Birth _____

Class in which participant is enrolled _____

Parent/Guardian name _____

Parent/Guardian home phone number _____

Work number _____ Cell phone _____

Employer _____

Madison Area Hospital Preference _____

Health Insurance Company _____

Policy Number _____

Group Number _____

Emergency Contact (in addition to parent/guardian) _____

Relationship to participant _____

Emergency Contact home phone number _____

Work number _____ Cell phone _____

Emergency Medical Information (allergies, medications, any other information you wish to share about your child, etc.)

Please inform us of any special needs your child may have so that our staff may be more fully prepared to make your child's participation in class more enjoyable and successful.

CTM Madison Family Theatre Company and School is not allowed to administer or supply medications (including aspirin) to Acting School students. Please alert the instructor if your child must take medication during class.