



# Fallbrook Players Emergency Information

Show \_\_\_\_\_ DATE: \_\_\_\_\_

Actor's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Parent's Cell) \_\_\_\_\_

Phone where parent can be reached during Rehearsal: \_\_\_\_\_

E-mail: \_\_\_\_\_

(We do much of our communication via e-mail, so please print this carefully!)

## Alternate Emergency Contacts:

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

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

Physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

If there are any specifics (allergies, etc) regarding your child's health, please list them here:

\_\_\_\_\_  
\_\_\_\_\_

**In the event of an emergency, I will allow Fallbrook Players, Inc. to treat my child or take him/her to an emergency facility for treatment.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_