



EMERGENCY FORM

Authorization to consent to emergency medical treatment
This form must be completed for each student before participating in any MYART activity. This authorization shall remain effective through the close of production.

Student's Name: _____

Address: _____

City/State _____ Zip _____

Parent's Name(s) _____

In Case of Emergency Telephone numbers where parents can usually be reached on Saturdays:

Name _____ Name _____

Phone (_____) _____ Phone (_____) _____

Emergency Contact if parent cannot be reached:

Name _____ Relationship _____

Phone (_____) _____

Special medical consideration regarding my child (examples: allergies to medicine or food; diabetes; etc)

Name of physician: _____ Phone (____) _____

Hospital preference: Nearest ☐ Preference _____

Medical Plan Com-
pany _____ Plan#: _____

I hereby authorize Musical Youth Artist Repertory Theatre (**MYART**), through the adult person into whose care said child has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis, treatment and/or hospital care for him/her, under supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. It is understood that this authority is given in advance of the need for any diagnosis, treatment of medical care, and is to provide authority to said adult person should the need arise. This authorization shall remain effective throughout each rehearsal, performance or regular meeting during the current session, unless sooner revoked in writing and delivered to said adult person.

I hereby agree to hold **MYART**, its employees, officers and volunteers harmless from all liability which may arise as a result of my child's participation in the activities mentioned above. I understand that the activities involved in **MYART** may involve risk or accidental injury and I hereby voluntarily assume such risk.

Signature _____ Date _____

Parent or Guardian