



# students on stage @ etc

## Medical Emergency Release Form

I give permission for my child \_\_\_\_\_  
(First) (Last)

to be given emergency medical or surgical management (including diagnostic studies and treatment) at an emergency room in the event the parent or guardian cannot be reached.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Date

### Emergency Contact Information

Parents/Guardians:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Address (including city and ZIP):

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

Other Emergency Contact Name and Phone: \_\_\_\_\_