

CLASS ACT PRODUCTIONS

EMERGENCY INFORMATION FORM

GENERAL INFORMATION

NAME: _____

AGE/GRADE: _____

STUDENT CELL (IF APPLICABLE): _____

STUDENT EMAIL (IF APPLICABLE): _____

BIRTHDAY: _____

ALLERGIES (INCLUDING FOOD): _____

ONGOING MEDICAL CONDITIONS: _____

EMERGENCY INFORMATION

PERSON TO NOTIFY: _____

RELATIONSHIP: _____

PHONE NUMBER(S): _____

EMAIL(S): _____

This information is private, and will not be publicly shared