

## 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**