Theater Emergency Contact Form

Student's Name: _____ **Grade:** _____ **Teacher:** _____

Parent(s) Name(s): _____

Parent(s) Phone(s) (list all applicable): _____

Person(s) authorized to pick up your child (other than parents):

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Parent or Guardian Signature: _____ **Date:** _____