



Emergency Information Sheet Age 18+ – Children’s Theatre of Elgin

Name of Student: _____ Age: _____ DOB: _____

Emergency contact numbers:

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____

Medical/Health Information

List any food allergies: _____

Please inform us of any special needs or accommodations we might need to make to help you enjoy our production:

The bearer of this letter has my permission as an adult cast member age 18 or older to act on my behalf in any emergency dealing with the health and welfare of myself and to obtain emergency treatment for me by a licensed physician if I am unable to do so. Yes No

Student Signature: _____ Date: _____