

****This paper MUST be returned the day of your audition!!!!**

PARENT EMERGENCY **INFORMATION**

Student Name: _____ New Student Number _____

Parent Name (s): _____

Parent Emergency Contact Phone Number(s): _____

PARENT EMAIL: _____

Do you give permission for any adult member of the Production Team to provide your child with Advil/Tylenol at rehearsals?

Please circle:

Advil YES how much? _____ NO

Tylenol YES how much? _____ NO

Additional Information

Please list any additional information that you think is pertinent for the Studio 38 Production Team to know.
For example, any food allergies, medical conditions such as asthma, etc.

PARENT/GUARDIAN SIGNATURE _____