

Date originally completed: _____

MEDICAL RELEASE and IN CASE OF EMERGENCY INFORMATION
to TYLER CIVIC THEATRE CENTER

If question does not apply, please mark N/A for "not applicable." Please do not leave blanks.

Name: _____ Age: _____ Weight: _____

If under 18, Name of Parent/Guardian: _____

Emergency contact name(s): _____

Emergency contact *cell* phone(s): _____

Emergency contact *home* phone: _____

Emergency contact *work* phone(s): _____

Additional emergency contact and number: _____

Home address: _____

Insurance provider (optional):

Insurance phone numbers/codes re medical insurance:

Name of primary person insured on policy: _____

Primary care physician: _____

Phone number of primary care physician: _____

Allergies? Medical conditions? Current medications taken? _____

Hospital preference (if none, please so state): _____

In the unlikely event of a medical emergency, I hereby authorize Tyler Civic Theatre Center's employees or representatives to consent to and/or administer medical assistance in the event of an accident, emergency, or sudden illness. I release this entity and its associates from any liability in the course of assisting myself or my child.

Signature: _____

I have reviewed this information and made any necessary updates:

Signature: _____ Updated Date: _____

Signature: _____ Updated Date: _____