

# Amherst Leisure Services Community Theater Emergency Information Card

## Participant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## Emergency Contact Information:

### Person to be called first:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Person to be called second:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Allergies:

Food: \_\_\_\_\_ Insects: \_\_\_\_\_ Medications: \_\_\_\_\_

Environment: \_\_\_\_\_ Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian signature if participant is under 18)