

Health Information and Emergency Contact Form

Downtown Cabaret Theatre - DCT Jr. 2016

This form is required on site for all participants of DCT Jr. It must be filled out and retained by DCT Jr. directors prior to orientation. Forms may be needed at any time in case of emergency. Please fill out all information clearly.

Return this form before June 20th by email to maggie@mycabaret.org or by mail Attn: Maggie at Downtown Cabaret Theatre, 263 Golden Hill Street, Bridgeport, CT 06604



Child's Name: _____

has my permission to participate in DCT Jr. 2016. Current **age:** _____ **Grade** (Sept 2016): _____

Please list, with dates, any major illness or injury this child has had within the **past month:**

Please list, with dates, any major illness or injury this child has had within the **past year:**

Please list any **allergies** (medication, inhalant, or food):

Please list any **medications** the child is currently taking:

Can this child take part in physical activities such as dance movement? **yes / no** (circle one)

EMERGENCY CONTACT INFORMATION:

Person to contact should the child become ill (non-emergency illness/injury):

Name: _____

Telephone Number(s): _____

Relationship: _____

Family Doctor's Name and Telephone Number: _____

Signature of Parent or Guardian (Circle one) Date

Printed Name of Parent or Guardian