

## Greenville Performing Arts Center Emergency Information Form

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student email: \_\_\_\_\_

Student Phone Number \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Graduating Class \_\_\_\_\_

***IN CASE OF EMERGENCY AND WE ARE UNAVAILABLE, PLEASE CONTACT:***

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Relationship to student:

\_\_\_\_\_  
It is understood that the responsibility of the Auditorium Manager applies only when the students follow the Auditorium Managers instructions and directions. At all times the students are to abide by school policy and will be subject to disciplinary action for violations of these policies.  
In the event of an unforeseen emergency involving my child, I give permission to the Auditorium Manager to act on behalf of my child by calling an ambulance and/or authorizing proper medical treatment.

\_\_\_\_\_  
parent or guardian signature

\_\_\_/\_\_\_/\_\_\_  
date

Insurance Carrier Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Address: \_\_\_\_\_

If covered through employer, give employer's name: \_\_\_\_\_

Employer's Address \_\_\_\_\_

Please list any student medical concerns that Auditorium should be aware of on the below. All information will be kept confidential.

\_\_\_\_\_  
\_\_\_\_\_