

MARSH YOUTH THEATER EMERGENCY RECORD

Please print numbers and e-mail clearly and fill out the ENTIRE FORM (3 Pages)

Student's Name _____ Date of Birth _____

School _____ Current Grade _____

Contact Parent/Guardian's Name _____

Home Address _____ City, State _____ ZIP _____

Home Phone _____ WORK/CELL _____ e-mail _____

Other Parent/Guardian's Name _____

Home Address _____ City, State _____ ZIP _____
(if different from above)

Home Phone _____ WORK/CELL _____ e-mail _____

Local Physician's Name _____ Office Phone _____

Office Address _____

Dentist's Name _____ Telephone _____

Health Insurance Company and Number _____

Does your child take any medication and/or have any allergies?

Is any restriction of physical activity needed?

Is there anything else you would like us to know about your child?

List contacts who will assume temporary care of your child if you cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Contact outside of CA _____ Phone _____

(In case of earthquake, phones will work better by calling out of state)

In case of a major emergency and we could not contact parents or medical help, is there any medical condition the theater should know about or any medication the theater should have on hand? _____

PLEASE TURN FORM OVER AND CONTINUE>>>>

Signing this form states that you know that your child is participating in the Marsh Youth Theater and that you will not sue or expect The Marsh to be legally responsible or pay for damages in the unfortunate event of physical harm or damage to personal belongings. I give permission for Marsh Youth Theater staff to take students off the premises during the day for field trips within walking distance of The Marsh.

I give The Marsh Youth Theater permission to include my child's name and/or picture in in-house publications and brochures. The Marsh's website, and in media releases.

I/we, the undersigned parent(s)/guardian(s) of the above named participant grant permission for the participant to participate in all Marsh Youth Theater activities. I/we do hereby release the agents, officers, staff of The Marsh from any and all liability arising from my child's participation. In case of accident or serious illness, I request MYT to contact me. If the theater is unable to reach me, I hereby authorize the Theater to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the Theater may make whatever arrangements seems necessary, which we understand will ultimately be the participant's guardian's financial responsibility, should an emergency arise.

Signature of Parent or Guardian **Date**

Signature of Parent or Guardian **Date**

For future use only:
MYT will keep this emergency form. For your convenience, you may update your signature for subsequent classes. Be sure to look over all the information to make sure it is still accurate before you re-sign your name.

Updated Signature of Parent or Guardian **Date**

Updated Signature of Parent or Guardian **Date**

IMPORTANT: PLEASE CONTINUE TO NEXT PAGE TO FILL IN DCYF DEMOGRAPHIC INFORMATION>>>>>>

MYT provides scholarships for our programs through grants from foundations, individuals, and public funds. Our grantors, in particular San Francisco's Department of Children, Youth and their Families (DCYF) require demographic information about the youth being served. **Help us comply by filling out the following questions, *whether or not you are receiving tuition assistance*. THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE USED FOR PURPOSES OTHER THAN REPORTING TO DCYF. YOUTH ARE NOT IDENTIFIED BY NAME.**

Student's Name _____

Birthdate: ____/____/____

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other
-------------------------------	---------------------------------	--------------------------------------	--------------------------------

Race/Ethnicity (Select only one option):

African American <input type="checkbox"/>	Hispanic/Latino-Mexican/Mexican American <input type="checkbox"/>	Pacific Islander-Guamanian <input type="checkbox"/>
Other black (specify) <input type="checkbox"/>	Hispanic/Latino-Central American <input type="checkbox"/>	Pacific Islander-Hawaiian <input type="checkbox"/>
Asian-Chinese <input type="checkbox"/>	Hispanic/Latino -South American <input type="checkbox"/>	Pacific Islander-Tongan <input type="checkbox"/>
Asian-Filipino <input type="checkbox"/>	Hispanic/Latino-Caribbean <input type="checkbox"/>	Pacific Islander <input type="checkbox"/>
Asian-Indian <input type="checkbox"/>	Hispanic/Latino-Other (specify) <input type="checkbox"/>	Pacific Islander-Other (specify) <input type="checkbox"/>
Asian-Japanese <input type="checkbox"/>	Middle Eastern-Arab <input type="checkbox"/>	White/European American <input type="checkbox"/>
Asian-Korean <input type="checkbox"/>	Middle Eastern-Iranian <input type="checkbox"/>	Other White (specify) <input type="checkbox"/>
Asian-Laotian <input type="checkbox"/>	Middle Eastern-Other (specify) <input type="checkbox"/>	Multiracial/multiethnic <input type="checkbox"/>
Asian-Thai <input type="checkbox"/>	Native American <input type="checkbox"/>	Other <input type="checkbox"/>
Asian-Vietnamese <input type="checkbox"/>	Native Alaskan <input type="checkbox"/>	Decline to state <input type="checkbox"/>
Asian-Other (specify) <input type="checkbox"/>	If multiracial, or not represented here, please specify:	

Home Language

English <input type="checkbox"/>	Cantonese <input type="checkbox"/>
Spanish <input type="checkbox"/>	Vietnamese <input type="checkbox"/>
Mandarin <input type="checkbox"/>	Tagalog <input type="checkbox"/>
Russian <input type="checkbox"/>	Arabic <input type="checkbox"/>
Khmer/Cambodian <input type="checkbox"/>	Toishanese <input type="checkbox"/>
American Sign Language <input type="checkbox"/>	Laotian <input type="checkbox"/>
Other <input type="checkbox"/>	Somoan <input type="checkbox"/>
Specify other <input type="checkbox"/>	Unspecified <input type="checkbox"/>

English Fluency	
Fluent	<input type="checkbox"/>
Somewhat fluent	<input type="checkbox"/>
Not fluent	<input type="checkbox"/>
Special Needs	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Specify:	