



Emergency Contact Information

Name of Student: _____

Second Student: _____

Parent or Guardian Name: _____

Emergency Phone numbers: _____

Will you be picking up and dropping off your child? _____

Children will only be checked out to Parent or Guardian listed above. Please list ALL others that are authorized by you to pick up your child from camp.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Alternate Emergency Contact Person: _____

Relationship to child: _____

Phone: _____

Family Physician Name: _____

Phone Number: _____

Insurance Company: _____

Policy Number: _____

I understand that Sneaky Cat Acting Academy will make every attempt to contact me in the event that my child requires emergency medical attention while at class/camp. If, however, they are unable to contact me, or my alternate emergency contact, I authorize Sneaky Cat Acting Academy to seek emergency medical attention for my child.

Parent Name: _____

Parent Signature: _____

Date: _____