



### **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: \_\_\_\_\_