Medical Information and Emergency Treatment Authorization

CONFIDENTIAL—KEEP ON FILE

Complete one form for each performer. Notify EPAC promptly of any change. Attach a current physician-signed emergency action plan for a severe allergy, asthma, seizure disorder, diabetes, or another condition requiring specific emergency steps.

Performer and Contact Information

Performer legal name: _____ Date of birth: _____
Preferred name: _____ Grade: _____
Production: ☐ Winnie the Pooh KIDS ☐ Elf the Musical JR. ☐ Bonus Elf Add-On
Parent/guardian 1: _____ Relationship: _____
Mobile: _____ Email: _____
Parent/guardian 2: _____ Relationship: _____
Mobile: _____ Email: _____
Emergency contact other than parent: _____ Relationship: _____
Primary phone: _____ Alternate phone: _____

Healthcare and Insurance

Primary physician/provider: _____ Phone: _____
Preferred hospital: _____
Insurance company: _____ Phone: _____
Policy/member ID: _____ Group #: _____
Policyholder name: _____ Relationship: _____

Medical Profile

☐ | **No known allergies, medical conditions, activity restrictions, or emergency needs.**

Allergies (food, medication, environmental, latex, other): _____

Reaction signs/symptoms and required response: _____

Diagnoses/conditions (asthma, seizures, diabetes, cardiac, mobility, behavioral, other):

Activity restrictions, accommodations, or other information EPAC should know:

Emergency Medication and Treatment Authorization

Medication and Emergency Plans

☐ | **Performer does not require medication during EPAC activities.**

Emergency medication(s): _____

Dose, timing, symptoms that require use, and instructions: _____

_____

Medication location: ☐ Performer self-carries ☐ Given to EPAC staff ☐ Other: _____

Performer may self-administer: ☐ Yes ☐ No Physician action plan attached: ☐ Yes ☐ N/A

Routine medications taken outside EPAC hours: _____

EPAC staff do not administer routine medication. Emergency medication must be supplied in its original labeled container with unexpired instructions and any required action plan.

Parent/Guardian Authorization

I certify that the information on this form is complete and accurate. If I cannot be reached, I authorize Elevate Performing Arts Conservatory (EPAC) and its designated adult representatives, while responsible for the care and supervision of my child, to obtain emergency medical or dental evaluation and treatment reasonably considered necessary for my child. This authorization includes contacting emergency medical services, arranging ambulance transportation, and providing relevant medical and insurance information to emergency responders and healthcare providers.

This authorization is effective during the performer's participation in EPAC's Fall 2026 productions, including rehearsals, production activities, and performances, from August 27 through December 12, 2026, unless revoked earlier in writing. It applies on the date emergency treatment becomes necessary when a parent or guardian cannot be contacted promptly.

☐ I authorize EPAC to share the minimum necessary medical information with staff, emergency responders, and healthcare providers for the performer's safety and care.

☐ I authorize trained personnel or emergency responders to assist with or administer the emergency medication identified above according to the supplied instructions and action plan.

☐ I understand that I am responsible for medical, ambulance, hospital, and related expenses not covered by insurance.

Authorization Details and Signatures

Child's parent(s): _____

Managing conservator or legal guardian, if different: _____

Adult(s) authorized to consent if parent/guardian cannot be contacted: EPAC Director and designated adult EPAC staff responsible for the performer's care and supervision.

Nature of treatment authorized: Emergency medical and dental evaluation and treatment reasonably necessary to protect the performer's health and safety.

Parent/guardian printed name: _____

Parent/guardian signature: _____ Date: _____

Best phone during rehearsals/performances: _____

Parent initials confirming both pages are complete: _____