



South Lyon East High School

Department of Theatre

52200 West Ten Mile Road – South Lyon, MI 48178

Phone: 248-573-8709

Mrs. Wendy Sielaff, Director

## EMERGENCY CARD INFORMATION

Please print LEGIBLY!

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M or F Grade: 9 10 11 12

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Student E-Mail Address: \_\_\_\_\_

### Parent/Guardians (with whom the student resides)

#### PREFERRED METHOD OF COMMUNICATION (check one):

- Telephone Call
- E-mail messages

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Parent E-Mail Address: \_\_\_\_\_

Workplace: \_\_\_\_\_ Hours/Days of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Parent E-Mail Address: \_\_\_\_\_

Workplace: \_\_\_\_\_ Hours/Days of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Parent/Guardian (with whom student does not reside, if applicable)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Workplace: \_\_\_\_\_ Hours/Days of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**OVER**

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL ALERT: Special health conditions, medications, allergies, etc. List them below.**

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Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

In an effort to improve our safety precautions for after-school extracurricular programs, we are asking you to fill out an emergency card in case your son/daughter becomes injured or sick during a rehearsal. We thank you for taking the time to do so. No one other than the Directors will see any confidential information found on this form. The booster organization will receive parental contact information and addresses for their directory.

I attest that the information provided on this emergency card is accurate and complete to the best of my knowledge. By signing below, in the event of an accident or injury, and I am unable to be reached, I authorize school personnel to transport my child to the nearest emergency facility where s/he may be treated by a licensed physician until I may be reached.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_