

*The College of St. Scholastica*  
*1200 Kenwood Ave ~ Box 2568*  
*Duluth, Minnesota 55811*  
**MEDICAL EMERGENCY FORM**

Date \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Home Address) (City) (State) (Zip)

Home # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Work # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Cell # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Birth date) (Age) (Allergies)

If I am unable to get a hold of, please contact \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Doctor) (Doctor's Phone Number)

\_\_\_\_\_  
(Hospital Preference)



This certifies that \_\_\_\_\_  
(Name of Child)

is in good health and physically able to take part in a week long Prairie Fire Theater production of (Circle one) **"Peter Pan"** from ***June 15th ~ 20th*** and/or **"Alladin"** from ***July 13<sup>th</sup> ~ 18<sup>th</sup>*** and/or **"Tom Sawyer"** from ***August 10th ~ 15<sup>th</sup> 2009*** at the College of St. Scholastica.

\_\_\_\_\_  
(Parent or Guardian Signature) (Date)

Comments: \_\_\_\_\_

\_\_\_\_\_  
I hereby authorize emergency medical treatment for my son/daughter in the event I am  
(circle one)  
unable to be contacted.

\_\_\_\_\_  
(Parent or Guardian Signature) (Date)