

EMERGENCY CONSENT FORM

*Please turn in to your instructor on the first day of class, or mail to:
Wild Swan Theater, 416 W. Huron, Ann Arbor, MI 48103

Student's name _____

Date and time of session _____

Emergency Treatment

I hereby give permission that the above mentioned student may be given emergency treatment as needed by staff members at Wild Swan. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that I or my preferred physician cannot be contacted, I further consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health.

Parent/Guardian Signature _____ Date _____

Clinic or Hospital Preferred _____

Address _____

Child's Physician _____

Daytime Phone (Physician) _____

Primary Emergency Contact _____

Daytime Phone _____ Evening _____

Secondary Emergency Contact _____

Daytime Phone _____ Evening _____

Please describe any special medical concerns or allergies: _____
