

DIRECTOR'S CARD

Name of Play _____ Rehearsal Site _____

Child's Name _____ Sex _____

Phone- Home _____ Work _____ Emerg. _____

For 2 – Act Workshop- actor's measurements

Age ____ Grade ____ Size ____ Chest ____ Waist ____ Height ____

Previous Play _____ Director _____ Role _____

(Office Use Only)

Show _____

Role _____

V	C
M	CB

Tape current picture over this writing.

PHYSICIAN'S NAME _____ TEL. NO. _____

Kaiser Medical No. _____ ALLERGIES _____

I authorize Children's Play House staff to arrange transportation in case of accident or acute illness of my child _____.

In the event is impossible to receive instruction from me for my child's care, consent is given to any licensed physician called or hospital my child is taken to for treatment by him or her to administer treatment as he/she shall feel existing emergency requires for the relief of pain or the preservation of life and health. Any cost incurred in this connection not covered by my insurance shall be paid by me.

Parent's Signature

Date

This is our director's card /emergency card. Please fill this out as well. If you are mailing it back you may cut it out and fold it or glue it to heavier stock.