**WVU, SCHOOL OF THEATRE & DANCE**

**SUMMER ACTING ACADEMY 2020**

**EMERGENCY CONTACT INFORMATION**

**Student’s Name**: **Date of Birth:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor’s Name & Phone No.:**

**Preferred Hospital – circle one: Ruby Hospital Monongalia General Hospital**

Do you have any medical conditions that we should report to E.M.S. in the event of an emergency?

Do you have any current or past physical conditions or injury/s that SAA faculty need to be aware of which would hinder your performance in class?

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Are you on any medications/prescription drugs? Circle One: Yes No

If so, what medications are you currently taking?

**STUDENT’S EMERGENCY CONTACT INFORMATION**

**EMERGENCY CONTACT NAME & ADDRESS: PHONE NUMBER:**

**Circle One: Parent Guardian**

HOME:

WORK:

CELL:

**Local Emergency Contact Person** (if different from above)

HOME:

WORK:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL:

***NOTE: THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL!***