THE DANCE STUDIO, INC.

Emergency Form 2020

Medical □

Parental □

Student Information

Last Name _____ **First Name** _____ **Middle Initial** _____ **Sex** _____

Birthdate _____/_____/_____ Home Phone: _____

Address _____ City _____ Zip _____

Mother's Information: Resides with Student: ☐ Yes ☐ No If address is different is an extra mailing requested: ☐ Yes ☐ No

Last Name:_____ First Name: **Mrs/Ms** _____ Home Phone:_____

Street Address: _____ City _____ State: ____ Zip Code: _____

Cell Phone: Work Phone:

Father's Information: Resides with Student: ☐ Yes ☐ No If address is different is an extra mailing requested: ☐ Yes ☐ No

Last Name:_____ First Name: _____ Home Phone: _____

Street Address: _____ City _____ State: ____ Zip Code: _____

Cell Phone: Work Phone:

Emergency Contacts – (If parents can not be reached, list in order next contacts.)

 # 1. Last Name: _____ First Name: _____ Relationship to student: _____

Home Phone: Cell:

#2. Last Name:_____ First Name: _____ Relationship to student:_____

Home Phone: Cell:

STUDENT HEALTH CONCERNS:

Does your child have any of the following medical conditions that the studio should be aware of?

	Yes	No		Yes	No		Yes	No
Asthma			Epilepsy			Diabetes		
Heart Condition			Other:			Other:		

Medications and Allergies: Please list below:

In case of accident or serious illness, I request the studio contact me. If the studio is unable to contact me, I hereby authorize, that the studio may make whatever arrangements deem necessary. I agree to assume financial responsibility for these emergency referrals (This includes hospital, medical and ambulance services).

STUDIO RULES ACKNOWLEDGE

We acknowledge that we will review the studio rules and follow them at all times.

_____ _____

(Student's Signature) **(Date)**

_____ _____

(Parent's Signature) **(Date)**