

HEALTH AND EMERGENCY RELEASE INFORMATION

Name _____ Birthdate ____/____/____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Parents/Guardians

1. _____

Phone (H) _____ (W) _____ (C) _____

Email _____ Employer _____

2. _____

Phone (H) _____ (W) _____ (C) _____

Email _____ Employer _____

In an emergency when a parent/guardian cannot be reached, please contact:

Name _____ Phone (H) _____ (C) _____

Name _____ Phone (H) _____ (C) _____

Allergies _____

Other medical conditions _____

Health Care Provider/Physician _____ Phone _____

Dentist _____ Phone _____

Health Insurance Company _____ Policy # _____

We follow standard first aid principles when handling student injuries and illnesses. If the symptoms of an injury or illness are serious, we follow our established emergency care policy as permitted by the student's parent or guardian. While every emergency or accident is different, our emergency-care policy states: We make arrangements to transfer the child to the nearest hospital. Simultaneously, we begin efforts to reach the parents. If delay in reaching the parent/guardian jeopardizes the child's well-being, the Dee Buchanan Studio of Dance will secure whatever treatment is deemed necessary by a medical professional, including the administration or anesthetics and surgery.

I authorize The Dee Buchanan Studio of Dance to act according to its established policy in the event my child becomes seriously ill or injured.

Parent/Legal Guardian's Signature

Date