



EMERGENCY CONTACT FORM

DANCER'S INFORMATION:		
Full Name:		
Address:		
City:	State:	Zip code:
Email Address:		
Home Phone:		
Cell Phone:		

PARENT/GUARDIAN'S INFORMATION:	
Mother's Name:	
Father's Name:	
Address:	
City:	State: Zip code:
Mother's Contact Info:	Father's Contact Info:
Email Address:	Email Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:

In the event of an emergency, please list secondary contact person:		
Name:	Relation to Dancer:	
Home Phone:	Work:	Cell:

Please list all medical needs: _____

Please list any known allergies to medication: _____

Primary Care Physician:
 Name: _____ Phone: _____

Health Insurance: _____
 (Please submit a photocopy of both sides of the dancer's health insurance card with this form)

I do hereby authorize release to all of the professional instructors /directors of Forest Dance Academy to seek medical care for my child in the event of an emergency:

Parent Signature: _____