

EMERGENCY CONTACT FORM

MAIL OR BRING TO STUDIO
PLEASE PRINT

Please note: Maxine's Studio of Dance wishes to have the emergency contact information readily available for the safety and well being of your child while he or she is on the premise. The Studio will not distribute this personal information.

STUDENTS FULL NAME _____

1ST EMERGENCY CONTACT

IN CASE OF EMERGENCY PLEASE CONTACT _____

RELATIONSHIP TO CHILD _____

PHONE NUMBERS IN WHICH THEY CAN BE REACHED DURING CHILD'S CLASS TIME

PARENT/GUARDIAN ADDRESS _____

Contact email address _____

2ND EMERGENCY CONTACT

IN CASE OF EMERGENCY PLEASE CONTACT _____

RELATIONSHIP TO CHILD _____

PHONE NUMBERS IN WHICH THEY CAN BE REACHED DURING CHILD'S CLASS TIME

Please list all allergies, Medical problems, learning disabilities or other disabilities that the student has:

Please list any medications that the student currently takes

INSURANCE INFORMATION

Insurance Company _____

Policy Number(s) _____

Policy Holder _____