2012 Emergency Contact Form

Dancer Name: _____ Date of birth: _____

Address: _____ Home Phone: _____

Emergency Contact Name	Home Phone	Cell Phone	Alternate Phone
1.			
2.			

Physician/Medical Care Provider Name	Address	Phone

Allergies/Dietary Restrictions: _____

Medication/Special Conditions: _____

Additional Information: _____

Health Insurance Provider	Policy Number	Primary Card Holder Name

My child may be given minor first aid care if needed (please circle one) yes no

SVRDC may contact local hospital in case of emergency (please circle one) yes no

Signed: _____ Date: _____

Dancer or Parent/Legal Guardian (for those under age 18)

Please note: Information on this form will be kept confidential and only referenced in a case of emergency.

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