

Delaware Dance Company
Summer Emergency Health Form

1. Student's name: _____

Age: _____ Date of Birth: _____ Home Phone: _____

2. 1st Guardian: _____ Relationship: _____

Phone Numbers: Cell _____ Work _____

3. 2nd Guardian: _____ Relationship: _____

Phone Numbers: Cell _____ Work _____

4. Other contact. Please list at least one other name and number.

5. Doctor's name: _____ Phone: _____

6. Insurance carrier: _____

Policy numbers: _____

7. Health Information.

Does your child have any known allergies to medications? yes no

If yes, please describe. _____

Does your child have any known allergies to foods or other substances? yes no

If yes, please describe. _____

Is there any medical condition that your child suffers from or has experienced in the past that the instructor should be aware of (diabetes, chronic nosebleeds, etc.)?

8. Release statement.

I, the undersigned parent, _____, hereby grant the instructors of the Delaware Dance Co. of Newark, Delaware 19711, the authority to take temporary care of the following child(ren): _____ while in attendance at camp.

The above named caretaker(s), if unable to reach a provided contact, shall have the power to:

- seek appropriate medical treatment or attention on behalf of the child(ren) as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits
- authorize medical treatment or medical procedures in an emergency situation

Date: _____ Signature: _____