

☆Amiya's Mobile Dance Academy (AMDA)☆

"Rising Stars" Emergency Contact Information

Please fill out the following information and return to the office by the student's first class. This information will remain confidential.

Thank you.

Student Name: _____
Mother's Name: _____ Father's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Mother's Work #: _____ Mobile #: _____
Father's Work #: _____ Mobile #: _____

Emergency Contact if parents are unreachable:

Name: _____

Relationship: _____

Home Phone: _____
Work Phone: _____ Mobile #: _____
Physician's Name: _____ Phone #: _____
Insurance: _____ Policy #: _____
Allergies (Medication, Environment, Food, etc.): _____

Medical Information we should know (ex. Asthma, ADHD, diabetes):

Medications student is currently taking: _____

Pre- Existing condition /Health restrictions(ex. congenital, injury, chronic): _____

Names of Person(s) who my child can be released to:

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____