

This form **MUST** be completed and signed
by the parent or legal guardian of each young person
coming to Dance Camp.

Dance New England

Medical Release and Insurance Information Form

Child's Name _____ Age _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____

Camp Guardian (if applicable) _____

Name of Insurance Company _____

Location _____ Phone _____

Policy Number _____ Name of Subscriber _____

Child's Pediatrician _____ Phone _____

Date of Last Tetanus Shot _____

The following people may be reached in an emergency if I can not be reached:

Name _____ Name _____

Phone _____ (h) _____ (w) Phone _____ (h) _____ (w)

I, _____, give my permission for any medical treatment to be performed in the event of an emergency providing that I am not available or can not be reached. I understand that Dance New England is not responsible for payment of any medical care given under these circumstances.

Please fill in A or B

A) I, _____, confirm that my child has received a complete health assessment within the last year, is healthy, and can participate in all activities.

B) I, _____, confirm that my child has received a complete health assessment within the last year and I need to inform the Dance New England Child Care Staff of the following limitations, restrictions, allergies, medications, and/or other health, behavior, and/or emotional issues/history:

Signature _____ Date _____

Continue on back if need be ...
