

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 (or Guardian) Name _____ Phone _____

Address _____

Camp Guardian (if applicable) _____

Name of Insurance Company _____

Insurance Company Address _____ Phone _____

Policy Number _____ Name of Subscriber/Policyholder _____

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 _____ Phone _____ (h) _____ (w)

Name _____ Phone _____ (h) _____ (w)

_____, 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:

Continue on back if need

Parent/Guardian Signature

Date