Juliana's Academy of Dance

Emergency Contact Sheet

All information must be filled out

Student Name *

First Name Last Name

Student Date of Birth *

Month Day Year

Student Age *

Student Gender *

- Female
- Male

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Parent 1 Name *

First Name Last Name

Parent 2 Name

First Name Last Name

Parent 1 Cell *

Area Code Phone Number

Parent 2 Cell

Area Code Phone Number

Parent 1 Work

Area Code Phone Number

Parent 2 Work

Area Code Phone Number

Parent 1 Email *

example@example.com

Parent 2 Email

example@example.com

Heading

Contact 1 Other Than Parent

First Name Last Name

Contact 2 Other Than Parent

First Name Last Name

Contact 1 Phone Number

Area Code Phone Number

Contact 2 Phone Number

Area Code Phone Number

Contact 1 Relationship to Student

Contact 2 Relationship to Student

Medial Information

Family Doctor *

Phone Number *

Area Code Phone Number

Medication Taken Regularly

Any Allergies

Does Your Child Have Asthma *

- YES
- NO

Inhaler Type

List any Injuries/Conditions That Could Be Of Concern In An Emergency