

Studio 4 Dancers Medical Information Form

Child's Name _____ Date of Birth _____

Address _____ Phone _____

Father's Name _____

Home Phone _____

Cell Phone _____

Mother's Name _____

Home Phone _____

Cell Phone _____

Doctor's Name _____

Phone Number _____

Health Insurance Provider _____

Group Number _____

ID Number _____

Medical concerns

Drug allergies _____

Current Medications _____

___ Studio 4 may give my child acetaminophen in the following dose ___

___ Studio 4 may not give my child acetaminophen.

___ Studio 4 may give my child ibuprofen in the following dose ___

___ Studio 4 may not give my child ibuprofen.

In the event of a serious injury, Studio 4 will contact the child's parents. If a medical emergency occurs, I give my permission for Studio 4 to seek medical care for my child.

Parent's Signature _____ Date _____