

# 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 \_\_\_\_\_