

**SCHOOL OF THEATRE & DANCE
EMERGENCY CONTACT INFORMATION
SUMMER DANCE ACADEMY 2017**

Student's Name: _____ **Date of Birth:** _____

Doctor's Name & Phone No.: _____

Preferred Hospital – circle one: **Ruby Hospital** **Monongalia General Hospital**

Do you have any medical conditions that we should report to E.M.S. in the event of an emergency?

Do you have any current or past physical conditions or injury/s that SDA faculty need to be aware of which would hinder your performance in class?

Are you on any medications/prescription drugs? Circle One: Yes No

If so, what medications are you currently taking?

STUDENT'S EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME & ADDRESS:

PHONE NUMBER:

Circle One: **Parent** **Guardian**

_____ HOME: _____

_____ WORK: _____

_____ CELL: _____

Local Emergency Contact Person (if different from above)

_____ HOME: _____

_____ WORK: _____

_____ CELL: _____

NOTE: THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL!