

Chester Valley Dance Academy, LLC

Theme Week

Emergency Contact and Medical Information

Please return completed forms by July 3rd to: Chester Valley Dance Academy, LLC * PO Box 445 * Exton, PA 19341 or bring it with you on the first day of the classes.

Please provide all requested information below:

Dancer's Name(s): _____

Mother/Guardian

Father/Guardian

Name:

Name:

Home Phone:

Home Phone:

Work Phone:

Work Phone:

Cell Phone:

Cell Phone:

Parents/Guardians are authorized pick-up persons.

We must have Official Court Documents on file before we can limit access to a child by his or her parent.

Emergency Contacts

Please list 2 local people (not parents) that we may contact in the event that we are unable to reach the parents/guardians. Emergency contacts are also considered to be authorized pick-up persons. In the event of an emergency, parents will be contacted first. If the parent is not available, a message will be left to contact Chester Valley Dance Academy, LLC.

Emergency Contacts are only called when a parent or legal guardian is not available.

Emergency Contact/Designated Pick-Up Person 1

Emergency Contact/Designated Pick Up Person 2

Name:

Name:

Address:

Address:

Home/Work Phone:

Home/Work Phone:

Cell Phone:

Cell Phone:

Health History

Child's Name: _____

Is your child under a physician's care for specific health needs either physical, mental or emotional needs?

Yes _____ No _____

If yes, please explain the medication, treatment and/or behaviors needed during their time at CVDA.



Dance Staff is not able to administer or prescribe any medicines to campers without written & dated permission from a licensed medical doctor.

Are there any restrictions on your child's physical activities? Yes _____ No _____

Are there any restriction with Food Allergies? Yes _____ No _____

Are there any restriction with Drug Allergies? Yes _____ No _____

If yes, please explain:

List any prescription drugs used, for what purpose and list any side effects or behavior changes:

Drug: _____ Purpose: _____ Side Effects _____

Drug: _____ Purpose: _____ Side Effects _____

Date of last Medical Physical: _____ Are all required immunizations up to date? Yes _____ No _____

This health history is correct so far as I know, and the person herein described has permission to engage in all described camp activities except noted above.

Parent/Guardian Signature _____ Date: _____

MEDICAL EMERGENCY RELEASE

In the event of a medical emergency, I understand that Chester Valley Dance Academy, LLC will contact me by phone. In the event that I cannot be contacted by phone, the staff of Chester Valley Dance Academy, LLC has my permission to send my child by ambulance to the nearest hospital emergency room. The hospital medical staff has my authorization to provide treatment which a physician deems necessary for the well- being of my child. The original of this form shall be readily accessible and will be taken to the hospital with my child. Chester Valley Dance Academy, LLC will not have any responsibility for the costs pertaining to this emergency transport or treatment.

Parent/Guardian Signature: _____ Date: _____