



Student Health and Safety Form

Please fill out completely and legibly. Information will remain on file. Updates or changes need to be presented in writing to a dance instructor.

Student Information

Name of Dancer _____

Date of Birth _____ Date of Enrollment _____

Email Address (used for event updates) _____

Emergency Contacts

1. Name _____ Relationship to student _____

Phone number _____

2. Name _____ Relationship to student _____

Phone number _____

3. Name _____ Relationship to student _____

Phone number _____

Student Transportation Plan

Please provide the names of individuals who are allowed to transport your student to or from class.

1. _____ Relationship to student _____
2. _____ Relationship to student _____
3. _____ Relationship to student _____
4. _____ Relationship to student _____

Health History and Injury Information

To assist us in providing safe and effective physical training in an environment that is optimal for each person, please provide the following information.

1. List and describe any physical conditions (asthma, epilepsy, diabetes, hypoglycemia, ect.) _____

2. List and describe any learning or behavioral conditions (dyslexia, ADD, ect.) _____

3. List any current or past injuries and/or surgical/medical procedures that may have an affect on physical performance or participation _____

Medical Permission

- **First aid:** I, _____ give permission to Kabul Dance Studio's dance instructors to follow and administer first aid procedures in the event of required minor medical attention.

Signature _____ **Date** _____

- **EMERGENCY:** I, _____ give permission to Kabul Dance Studio's dance instructors to provide and/or seek prompt and appropriate emergency medical attention in the event of a severe or acute physical situations until the student can be under the care of a parent, guardian or other emergency contact.

Signature _____ **Date** _____