



Delaware Dance Company

A non-profit, arts organization
168 S. Main Street, Suite 101
Newark, DE 19711

302-738-2023

Tax ID# 51-0271750

Summer Programs Emergency Information Form

1. Student's name: _____

Age: _____ Date of Birth: _____ Home Phone: _____

2. 1st Guardian: _____ Relationship: _____

Phone Numbers: Cell _____ Work _____

3. 2nd Guardian: _____ Relationship: _____

Phone Numbers: Cell _____ Work _____

4. Other contact. Name: _____ Relationship: _____

Phone Numbers: Cell _____ Work _____

5. Doctor's name: _____ Phone: _____

6. Insurance carrier and Policy numbers (Policy, Grp, ID, etc.):

7. Health Information.

Does your child have any known allergies to medications? yes no

If yes, please describe. _____

Does your child have any known allergies to foods or other substances? yes no

If yes, please describe. _____

Is there any medical condition that your child suffers from or has experienced in the past that the instructor should be aware of (diabetes, chronic nosebleeds, etc.)?

_____ 8.

Release statement.

I, the undersigned parent, _____, hereby grant the instructors of the Delaware Dance Co. of Newark, Delaware 19711, the authority to take temporary care of the following child(ren): _____ while in attendance at camp.

The above named caretaker(s), if unable to reach a provided contact, shall have the power to:

- seek appropriate medical treatment or attention on behalf of the child(ren) as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits
- authorize medical treatment or medical procedures in an emergency.

Date: _____ Signature: _____