



EMERGENCY CONTACT INFORMATION AND MEDICAL HISTORY

OFFICE USE ONLY	
<i>Update made in:</i>	
Main Session Book	<input type="checkbox"/>
Roll sheet	<input type="checkbox"/>
Skill Sheet	<input type="checkbox"/>
Proschool	<input type="checkbox"/>

Child's Name	Date of Birth
Name of Parent/Guardian	Phone #:

EMERGENCY CONTACT INFORMATION

In case of emergency when parent/guardian cannot be reached, contact the following:		
1.	Phone #:	Relationship
2.	Phone #:	Relationship

INSURANCE/PHYSICIAN INFORMATION

Insurance Company	Policy #:	Phone #:
Physician's Name	Phone #:	

MEDICAL INFORMATION

Please list any physical disabilities, chronic ailments, psychological disabilities or other medical information that instructors might need to know (such as diabetic, asthma, allergies, etc)

Parent/Guardian Signature

Date