



Heart of Ireland School of Dance, LLC

Office: 11103 Surry Road • Chester, VA 23831
804.464.8190

www.HeartofIrelandSchool.com

Emergency Contact Form

Student Name: _____ Date of Birth: _____

Student Address: _____

Student Home Phone: _____

If married, please provide:

Spouse Name: _____

Spouse Home Phone: _____

Spouse Cell Phone: _____ Spouse Work Phone: _____

Additional Emergency Contact:

Name: _____

Phone Numbers: _____

Allergies

Please include food, drugs, or ANY other known allergies. If none, please indicate NONE.

Medical Conditions

Please include any medical condition of which our instructors or medical personnel should be aware, including diabetes, auto-immune diseases, heart murmurs, etc. If none, please indicate NONE.

I acknowledge that the information I have provided is complete and accurate as of the date of my signature below. Should any of this information change, I am responsible for completing a new form.

Signature of Student

Date