



**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: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent Home Phone: \_\_\_\_\_

Cell Phone (Parent 1): \_\_\_\_\_ Work Phone (Parent 1): \_\_\_\_\_

Cell Phone (Parent 2): \_\_\_\_\_ Work Phone (Parent 2): \_\_\_\_\_

### Additional Emergency Contact

Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

### Allergies

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

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### Medical Conditions

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

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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.

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Signature of Parent/Guardian

Date