

Student Emergency Form

Student Name: <i>(last)</i> _____ <i>(first)</i> _____	Birth Date: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Student Email: _____		

Primary Household Information – Resident Address – where student resides

Parent/Guardian #1			
Last Name:	<input type="checkbox"/> Mother	Home Phone: () _____	
First Name:	<input type="checkbox"/> Father	Work Phone: () _____	
Parent Email:	<input type="checkbox"/> Stepmother	Cell Phone: () _____	
Home Address:	<input type="checkbox"/> Stepfather	Employer: _____	
	<input type="checkbox"/> Other	City: _____	State: _____
			Zip: _____
Parent/Guardian #2			
Last Name:	<input type="checkbox"/> Mother	Home Phone: () _____	
First Name:	<input type="checkbox"/> Father	Work Phone: () _____	
Parent Email:	<input type="checkbox"/> Stepmother	Cell Phone: () _____	
	<input type="checkbox"/> Stepfather	Employer: _____	
	<input type="checkbox"/> Other		

Secondary Household Information (if a parent lives at an address different from primary)

Parent/Guardian #3			
Last Name:	<input type="checkbox"/> Mother	Home Phone: () _____	
First Name:	<input type="checkbox"/> Father	Work Phone: () _____	
Parent Email:	<input type="checkbox"/> Stepmother	Cell Phone: () _____	
Home Address:	<input type="checkbox"/> Stepfather	Employer: _____	
	<input type="checkbox"/> Other	City: _____	State: _____
			Zip: _____

Medical Information

Does your child have any medical, emotional or behavioral issues that will affect his/her participation in our program? No Yes *(please complete Medical Information form)*

Does your child take any medication? No Yes *(please complete Medical Information form)*

Does your child have allergies? No Yes *(please complete Medical Information form)*

I, the undersigned parent/guardian of the registrant, acknowledge the possibility that participation in Studio East activities could result in physical injury to the registrant. I hereby release, discharge and agree to hold harmless Studio East, its officers, directors, employees, agents and affiliates from any and all claims arising from or related to the registrant's participation in Studio East activities. I further authorize Studio East staff to obtain medical care for my child in case of an emergency. I certify that I have read, understood, and agree to the above conditions, and that the information provided is complete and accurate to the best of my knowledge.

Physician:	Phone: () _____
Insurance Carrier:	ID# _____

Emergency Contacts

When injury, illness or other emergency situations involving your child occur, we want to be able to quickly reach you or other responsible adults. In the event we cannot reach a parent/guardian, please list person(s) you trust who are available during the day to provide care for your child, including day care contact.

Student Release Authorization: *In the event STUDIO EAST is unable to contact the parent/guardian, I authorize them to release my child to the person(s) listed below.*

1) Name:	Relationship:	Phone: () _____
2) Name:	Relationship:	Phone: () _____

The following people have permission to pick up my child after class or camp:

1) Name:	Relationship:	Phone: () _____
2) Name:	Relationship:	Phone: () _____

Check if you **do not** give your permission to use photos or videos of your child for publicity purposes.

Parent Signature: _____ **Date:** ____