

11730 118TH AVE NE, SUITE 100, KIRKLAND, WA 98034 PHONE: 425.820.1800 • WWW.STUDIO-EAST.ORG

Student Emergency Form

Student Name: (last) (first)	Birth Date:	Male 🗌 Female 🗌
Student Email:		

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	Primary Household Information – Resident Address – w	where student i	resides					
First Name: Stupnother Cell Phone { , } Parent Email: Other Employer: Home Address: City: State: Zip: Parent/Guardian #2 Mother Home Phone: { , } Employer: Last Name: Father Work Phone: { , } Employer: Parent/Guardian #2 Mother Home Phone: { , } Employer: Last Name: Steptither Employer: Employer: Other Other Other Employer: Brits Name: Steptither Employer: Employer: Other Other Other Employer: Employer: Ast Name: Father Work Phone: { , } Employer: Employer: Parent Email: Steptither Employer: Employer: Employer: Home Address: City: State: Zip: Medical Information Employer: Employer: Employer: Does your child have any medical; emotional or behavioral issues that will affect his/her participation in our program? N C Yes (complete Medical Information form) Does your child have any medicalin: Home Addresis in others, incl	Parent/Guardian #1				Mother	Home Phone:	()	
Interview Steptater Parent Enail: Other Home Address: City: State: Zip: Parent/Guardian #2 Mother Home Phone: () Enables Last Name: Flasher Work Phone: () Enables First Name: Steptater Steptater Enables Enables Other Steptater Other Enables Enables Secondary Household Information (if a parent lives at an address different from primary) Parent/Guardian #3 Home Phone: () Enables Last Name: Flasher Work Phone: () Enables Enables Parent/Guardian #3 Batenter Steptater Enables Enables Parent Enail: Steptater Other Enables Enables Home Address: Oily: State: Zip: Medical Information Enables Other Enables Enables Does your child have any medical, emotional or behavioral issues that will affect his/her participation in our program? N O Yes (complete Medical Information form) Does your child have any medical or the optient, extrematin admitiss forma and all lains arinin or related the fin	Last Name:				Father	Work Phone:	()	
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Parent Email:	Last Name:				Father	Work Phone:	()	
Other Other Secondary Household Information (if a parent lives at an address different from primary) Parent/Guardian #3 Mother Last Name: First Name: First Name: Stepmother Parent Email: Stepmother Other Cell Phone: () Parent Email: Other Home Address: City: Stepfather Employer: Other Other Home Address: City: Stepfather Employer: Other Other Home Address: City: Stepfather Employer: Obes your child have any medical, emotional or behavioral issues that will affect his/her participation in our program? No Does your child have any medication? No Yes (please complete Medical Information form) Does your child have allergies? No Yes (please complete Medical Information form) Does your child have allergies, enclose and affitials forn any and all dams aniang from or related to the registrant. I herely release, discharge and agree to the above conditors, and that the information forw) Distance Carrier: ID# Physician: Phone: () Ins	First Name:				Stepmother	Cell Phone: ()	
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Check if you <u>do not</u> give your permission to use photos or videos of your child for publicity purposes.

Parent Signature: _____

COMPLETE THIS FORM ONLY IF YOU ANSWERED YES TO MEDICAL QUESTIONS ABOVE

Parents/guardians are responsible for informing Studio	East if a student has a serious health conditio	 This information will be shared with staff only as n 	eeded.
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Student: (last)	(first)	Birth Date:	Male 🗌 🛛 Female 🗌			
Parent: (last)	(first)	Phone: ()				
Please explain your child's serious health condition: (for example diabetes, severe allergies, epilepsy/seizure disorder, severe asthma, or cardiac/heart conditions)						
Please explain any non-life-threatening health condition or behavioral or emotional challenges that may impact your child's participation. Advance knowledge will help our staff create a successful experience for your child.						

Please list any medications your child currently takes:

Medication	Dose/ Frequency	Taken at Home	Taken during class/camp	Will Self- Administer	Notes

Any medication brought to class/camp should be kept in the student's backpack.* Let us know if alternative arrangements should be made for any reason. Refrigeration will not be available. If your student cannot self-administer medication, you must make arrangements for a person known to the child to come to camp or class and administer medication. Please advise the camp or class teacher of the person's name and arrival time in advance. If your child needs prompts to take medication, or needs to report on medications taken during class/camp, please make arrangements to have your child carry a cell phone. Instructors cannot be responsible for administering or monitoring student medication.

Please list any allergies about which our staff or medical personnel should be aware:

Allergen	Reaction	Treatment

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*EpiPens will be kept with the First Aid kit at camp. In cases of severe allergic reaction, instructors are trained to administer EpiPen to outer thigh, call 911 and then call parents. Please remember to pick up your EpiPen from staff on the last day.

Parent/Guardian Signature

rev 8.2011