



EMERGENCY FORM

Please complete the following form and return it to the office

CONTACT INFORMATION

Name of Student _____ Age _____

Name of Parent(s) or Guardian(s) _____

Address _____
street city state zip

Contact Numbers _____
home work cell

Who to call in case of an emergency _____ Phone _____

Name of Family Doctor _____ Office Phone _____

ALLERGIES AND SPECIAL NEEDS

Please list any information that you believe is pertinent to the instructor or medical emergency personnel

Allergies to Medications _____

Other Allergies (bee stings, diet, etc) _____

Special Needs or Other Comments _____

ALTERNATE PICK-UP DESIGNEE

Please list the individuals to whom Darlington staff may release your child other than parents listed above

name phone #

name phone #

PERMISSION

I give permission for the above-mentioned child to attend class at the Darlington Arts Center (DAC). I agree that photographs may be taken for promotional purposes. I agree that DAC will not be liable if injury to the student occurs during the said class and/or time spent on the premises before and after class. In event of a medical emergency, DAC has my permission to call for medical emergency assistance and if required, to transport my child to an emergency room. DAC will notify me or persons listed above if an emergency arises and what action is being taken at that point.

parent/guardian signature

date