



## EMERGENCY FORM 2024-2025

Please complete the following form and return it to the office by the first lesson.

### CONTACT INFORMATION

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

Student Pronouns (Optional) \_\_\_\_\_  
(he/him, she/her, they/them, etc.)

Student Nickname (Optional) \_\_\_\_\_

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*