**Dance Gems**

**Emergency Contact Details and Health Questionnaire**

**Please complete clearly in block capitals and return before the start of next term**

The parent or guardian of ………………………………………………………… Date of birth ……………………………

Address …………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………… Postcode ……………………………………………

Email address for correspondence ……………………………………………………………………………………………………..

Please give the names and telephone number of two persons to contact in the event of an emergency

Name ………………………………………………………… Telephone number …………………………………………………..

Relationship to student …………………………………………………………………….

Name ………………………………………………………… Telephone number …………………………………………………..

Relationship to student …………………………………………………………………….

Please detail any medical conditions that we should be aware of ………………………………………………………

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

Does your child carry an Inhaler or EpiPen …………………………………………………………………………………………

Please inform us of any additional needs we should be aware of ……………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

I confirm that I giver permission for medical assistance to be requested in the event of an emergency for

(Student name) ………………………………………………………………………………..

Signed ……………………………………………………………………………………………. (parent / guardian)

Date …………………………………………………