

Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

Gender

Parent's/Guardian's Name

Parent's/Guardian's Name

Mobile Phone Other Phone

Mobile Phone Other Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Email Address

Interested in receiving the newsletter? Y N

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Mobile Phone Other Phone

Mobile Phone Other Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Does your child have any Allergies/Special Health Considerations/ medical conditions that will affect their participation? List any other concerns here. (Use space on reverse if necessary)

MEDICAL RELEASE FOR MINOR CHILD

I, Parent/ Guardian of _____, a minor child, hereby authorize any Medical treatment which may be necessary in an emergency, and in my absence, for the well-being of the above mentioned minor. I agree to hold the treating physician, hospital, Studio B Grayslake and Monkey Aerial Arts LLC harmless.

Signature _____

PHOTO, PRESS, AND ELECTRONIC MEDIA RELEASE FOR MINORS

I, Parent/Guardian of _____, do hereby give my permission to Monkey Aerial Arts for the use and reproduction of the video footage, photographs, or voice recordings of the participant. I understand that the use of the participants image and voice may be primarily for the purposes of educational and/or promotions. Student last names will not be used in promotions without additional authorization from a parent. Monkey Aerial Arts will treat all materials with respect and integrity in the presentation of any participants.

Signature _____ Date _____

Printed Name of Parent/ Guardian _____