

**EMERGENCY INFORMATION FORM
FOR
TAMMY'S TUMBLING & DANCE CENTER
2017-2018**

Student's Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager _____

Emergency contact _____ Relation _____

Phone _____

Any thing we need to know about your child. Medical
etc. _____

PERMISSION TO AUTHORIZE TREATMENT

I _____ parent/guardian of _____ hereby
give my permission to the holder of this slip to authorize treatment to my child in
my absence. I understand in an emergency, if I cannot be reached my child
_____ will be taken to the nearest hospital / health care station. I
also understand I will be responsible for payment of any / all treatment done to
my child.

Insurance Company _____

Policy Number _____

Parent signature _____ Date _____