



# Medical & Emergency Contact Information Form

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who will be participating in AIM dance classes.

Provision of the information will significantly assist AIM in the event of a medical emergency.

**Student Name:** \_\_\_\_\_

Class(s): \_\_\_\_\_

Medicare Number (optional): \_\_\_\_\_

## Parent or caregiver contact details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

## Doctor contact details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's telephone: \_\_\_\_\_

## Emergency alternative contact/s details

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.).

Outline treatment for each.

\_\_\_\_\_  
\_\_\_\_\_

Signature of parent or caregiver: \_\_\_\_\_ Date: \_\_\_\_\_