



## Medical and Allergy Information

*two moons and a star, inc.*, operating as ARTISTS IN MOTION (AIM) is dedicated to ensuring the safety and well-being of all students. All students should please refrain from attending class if they are coughing or sneezing more than occasionally, have a temperature, have an illness that is contagious, or have been ill or had a temperature in the past 48 hours. We are very happy to make arrangements for missed classes for students who are ill if the office is notified in advance of the missed class VIA EMAIL. If a student arrives for class with any of these conditions, they will not be allowed to enter the studio and parents will be contacted to pick up their dancer.

STUDENT NAME \_\_\_\_\_

CONTACT IN CASE OF EMERGENCY – please include name, phone, and relationship for at least **two adults other than mom & dad.**

MEDICAL CONDITIONS WE SHOULD BE AWARE OF SUCH AS VERTIGO, SENSORY SENSITIVITIES, ASTHMA, ETC.

PLEASE LIST ALL ALLERGIES AND COURSE OF ACTION IN CASE OF EMERGENCY. Please let the office staff know if your child has an Epi Pen or other allergy emergency treatment in their dance bag.

IF YOUR CHILD HAS A SERIOUS MEDICAL EMERGENCY AND WE CANNOT REACH YOU OR ANOTHER NAMED RESPONSIBLE ADULT, do we have your permission to call Emergency Rescue? Yes or No **Please circle one**

PLEASE SIGN BELOW ACKNOWLEDGING THAT YOU HAVE COMPLETED THIS FORM ACCURATELY AND WITH ALL INFORMATION THAT WOULD BE NEEDED SHOULD YOUR CHILD HAVE A MEDICAL EMERGENCY, BECOME ILL DURING CLASS, AND WITH ALLERGY INFORMATION SO THAT WE CAN HELP PROTECT YOUR CHILD FROM POSSIBLE EXPOSURE TO ITEMS THAT COULD CAUSE THEM DISTRESS.

ARTISTS IN MOTION is not medically liable for any person on the premises but will make every effort possible to contact the named responsible person(s) should the need arise. ARTISTS IN MOTION does not provide any type of medical or accident insurance or treatment for any person on the premises. Should medical care be necessary, the individual's medical insurance provider will need to be contacted by the parent or guardian.

PRINT NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

DATE (a new form will be required each year)