



## STUDENT HEALTH & INFORMATION FORM

**Student's Name** \_\_\_\_\_ **Age** \_\_\_\_ **Grade (22-23)** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Phone numbers:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact (or other parent)** \_\_\_\_\_

**Phone numbers:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Does your child have any food allergies?** \_\_\_\_\_

**Does your child take any medications?** \_\_\_\_\_

**Does your child have any other physical, mental or emotional conditions we should know about?** \_\_\_\_\_

**Has the household been Covid-19 free for the past 10 days?** \_\_\_\_\_

By enrolling, you consent to current safety measures and committing to keeping the studio Covid-19 free.

**Covid-19 Vaccination Status:**

\_\_\_\_ Fully vaccinated. Second dose date: \_\_\_\_\_

\_\_\_\_ Partially vaccinated. Second dose scheduled for: \_\_\_\_\_

\_\_\_\_ Not yet vaccinated.

**Additional people AUTHORIZED to pick up:** \_\_\_\_\_

**People NOT authorized to pick up:** \_\_\_\_\_

**I understand that there is NO after care and my child must be picked up promptly at the end of class.** \_\_\_\_\_ Initials

I give Verve Studios permission to provide EMERGENCY treatment for my child should it be deemed necessary. I understand that in case of emergency my child will be taken to a local hospital, and while my child is transported to the hospital, Verve Studios will begin immediate attempts to contact the parents/guardians.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Group/Member #: \_\_\_\_\_