

Emergency Contact Info

Personal Information	
Student Name:	Date of Birth
Parent Name:	Current Age Grade:
Address:	Email Address:
City State Zip	Phone #
Alt. Address (if different from above)	Alt Phone #
City State Zip	

Emergency Contact	
Primary Contact:	Phone #
Address:	Alt Phone #
City State Zip	Email address:
Relationship to Student:	

Emergency Contact	
Primary Contact:	Phone #
Address:	Alt Phone #
City State Zip	Email address:
Relationship to Student:	

Medical Information	
Physician Name:	Phone #
Preffered Hospital:	Phone #
Insurance Company:	Policy#

Please list any allergies or known health conditions:

I authorize medical intervention in the case of an emergency where a parent or guardian cannot be reached.

Parent or Guardian Signature: _____

Date: _____

Personal History	
List any persons who are not allowed contact or any other safety concerns.	(Use additional paper if needed)

Information Certification

I certify that the information I have provided to MOGO Salon Academy is complete and accurate to the best of my knowledge. I understand that misrepresentation of information is sufficient grounds for canceling admission to MOGO Salon Academy.

Student Signature: _____

Date: _____

Parent or Guardian Signature: _____

Date: _____