

Emergency/Medical Information

(applicable to the *Snowflake Studio of the Arts* and the listed class and dates)

Name of class/camp: _____

Date(s) of class/camp: _____

Participant's Name: _____

Parent/Legal Guardian (1) Name: _____

Daytime Phone: _____ Cell Phone: _____

email: _____

Parent/Legal Guardian (2) Name: _____

Daytime Phone: _____ Cell Phone: _____

email: _____

Emergency Contacts (NOT Participant's Parent/Legal Guardian):

Contact #1 Name: _____

Primary Phone for Contact #1: _____ Other Phone: _____

Contact #2 Name: _____

Primary Phone for Contact #2: _____ Other Phone: _____

Medical Info (optional):

You are not required to provide medical concern information, but the info. could be important to the well-being of the participant and will only be used in case of a medical need or emergency.

Are there any medical concerns we should be aware of? (please include any behavioural concerns if applicable and any info. you feel we should be aware of to ensure the safety and well being of your child)

- Diabetes
- Allergies (please specify)
- Asthma
- Heart Condition
- Other (please specify)

Participant's Alberta Healthcare Number: _____

Parent/Legal Guardian Signature: _____ Date: _____