



STUDENT HEALTH & INFORMATION FORM

Student Name _____ **Age** ____ **Grade (24-25)** _____

Phone number: Cell: _____

Parent Name: _____

Phone numbers: Cell: _____ Other: _____

Email Address (es): _____

Emergency Contact (or other parent) _____

Phone numbers: Cell: _____ Other: _____

Email Address (es): _____

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? _____

If yes to any of the above, what is preferred way to handle?

Stay at home health policy. I understand that if my child is contagious, has been exposed directly to a virus or is too sick to go to school, student is too sick to attend class at Verve. _____ Initials

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 #: _____