

**This form MUST be completed and signed  
by the parent or legal guardian of each young person  
coming to Dance Camp.**

## **DANCE NEW ENGLAND**

### **Medical Release and Insurance Information Form**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Camp Guardian (if applicable) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Location \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Subscriber \_\_\_\_\_

Child's Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

The following people may be reached in an emergency if I can not be reached: Name

\_\_\_\_\_ ~~is~~

Phone \_\_\_\_\_ (h) \_\_\_\_\_ (w) Phone \_\_\_\_\_ (h) \_\_\_\_\_ (w)

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\_\_\_\_\_, give my permission for any medical treatment to be performed in the event of an emergency providing that I am not available or can not be reached, I understand that Dance New England is not responsible for payment of any medical care given under these circumstances.

#### **Please Fill in A or B**

A) I, \_\_\_\_\_, confirm that my child has received a complete health assessment within the last year, is healthy, and can participate in all activities,

B) I, \_\_\_\_\_ confirm that my child has received a complete health assessment within the last year and I need to inform the Dance New England Child Care Staff of the following ... limitations, restrictions, allergies, medications, and/or other health, behavior, and/or emotional issues/history:

\_\_\_\_\_  
\_\_\_\_\_

Continue on back if need be...

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

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