

Conservatory for the Arts

DANCE CAMP

EMERGENCY 2009

EMERGENCY CONTACT

Child's Name: _____ Birth Date _____

Mother's Name: _____

Cell Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____

Father's Name: _____

Cell Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____

Other Phone Number: _____

Emergency Contact #1 (if parent's can not be reached)

Name: _____

Relationship: _____

Address: _____

Telephone Number 1: _____

Telephone Number 2: _____

Emergency Contact #2 (if parent's can not be reached)

Name: _____

Relationship: _____

Address: _____

Telephone Number 1: _____

Telephone Number 2: _____

ONLY these individuals on this page have my authorization to care for my child in the event of an emergency and/or for drop-off and pick-up. Please advise these individuals that they are authorized and will need to present identification to staff.

Parent / Guardians Initial: _____