

**Studio Danza
Parent Authorization Form**

Child's Name _____

Child's Nickname (if any): _____ Child's Date of Birth: _____

Parent(s) or Guardian(s) Information

For single parents, list your information only here. For two parent households, list both parent's information here.

Name(s): _____

Home Address (Street Address, City, State, Zip) _____

Name of Parent 1: _____ Name of Parent 2: _____

Cell Phone Parent 1: _____ Cell Phone Parent 2: _____

Other Phone Parent 1: _____ Other Phone Parent 2: _____

Email Parent 1: _____ Email Parent 2: _____

Alternative Emergency Contacts

List full names of adults you authorized to pick up from the center or who can be called in an emergency (do not list parent(s)/guardian(s) listed above). For single parents, include other custodial parent here.

(1) Name: _____ Relationship to child: _____

Cell Phone _____ Other Phone _____ City of Residence _____

(2) Name: _____ Relationship to child: _____

Cell Phone _____ Other Phone _____ City of Residence _____

(3) Name: _____ Relationship to child: _____

Cell Phone _____ Other Phone _____ City of Residence _____

(4) Name: _____ Relationship to child: _____

Cell Phone _____ Other Phone _____ City of Residence _____

Medical Information

Physician's Name _____

Physician's Phone Number _____

Insurance Company Name or Medi-Cal _____

Policy Number or Medi-Cal # _____

Current Medications (Include Asthma, Allergy, Epi-Pen, Vitamins, Fluoride, Topical Creams/Ointments, Over-the-Counter Medications) _____

Allergies (Food, Medications, Other) / Special Health Considerations _____

In case of an accident or an emergency, I authorize a Studio Danza Folklorica De Colores staff member to obtain all emergency or dental care at the nearest emergency hospital and consent to emergency treatment and measures deemed necessary to preserve the life, limb, or well-being of the child listed above.

Parent/Guardian Signature _____

Date _____