STUDIO EAST
TRAINING FOR THE PERFORMING ARTS

11730 118TH AVE NE, SUITE 100, KIRKLAND, WA 98034
PHONE: 425.820.1800 • WWW.STUDIO-EAST.ORG

Student Emergency Form

Student First Name:	Birth Date:	Male ☐ Female ☐
Student Last Name:	Student Email:	

Primary Household Information – Resident Address – where student resides

Parent/Guardian #1	☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other	Primary Phone: ( ) ☐ Home ☐ Cell
Last Name:		Secondary Phone: ( ) ☐ Home ☐ Cell
First Name:		Employer:
Parent Email:		Work Phone: ( )
Home Address:	City:	State: Zip:

Parent/Guardian #2	☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other	Primary Phone: ( ) ☐ Home ☐ Cell
Last Name:		Secondary Phone: ( ) ☐ Home ☐ Cell
First Name:		Employer:
Parent Email:		Work Phone: ( )

Secondary Household Information (if a parent lives at an address different from primary)

Parent/Guardian #3	☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other	Primary Phone: ( ) ☐ Home ☐ Cell
Last Name:		Secondary Phone: ( ) ☐ Home ☐ Cell
First Name:		Employer:
Parent Email:		Work Phone: ( )
Home Address:	City:	State: Zip:

Medical Information

Does your child have any medical, emotional or behavioral issues that may affect his/her participation in our program? ☐ No ☐ Yes ***(please complete Medical Information form)***

Does your child take any medication? ☐ No ☐ Yes ***(please complete Medical Information form)***

Does your child have allergies? ☐ No ☐ Yes ***(please complete Medical Information form)***

I, the undersigned parent/guardian of the registrant, acknowledge the possibility that participation in Studio East activities could result in physical injury to the registrant. I hereby release, discharge and agree to hold harmless Studio East, its officers, directors, employees, agents and affiliates from any and all claims arising from or related to the registrant's participation in Studio East activities. I further authorize Studio East staff to obtain medical care for my child in case of an emergency. I certify that I have read, understood, and agree to the above conditions, and that the information provided is complete and accurate to the best of my knowledge.

Physician:	Phone: ( )
Insurance Carrier:	ID#

Emergency Contacts

When injury, illness or other emergency situations involving your child occur, we want to be able to quickly reach you or other responsible adults. In the event we cannot reach a parent/guardian, please list person(s) you trust who are available during the day to provide care for your child, including day care contact.

Student Release Authorization*: In the event STUDIO EAST is unable to contact the parent/guardian, I authorize them to release my child to the person(s) listed below.*

1) Name:	Relationship:	Phone: ( )
2) Name:	Relationship:	Phone: ( )
3) Name:	Relationship:	Phone: ( )
4) Name:	Relationship:	Phone: ( )

☐ Check if you **do not** give your permission to use photos or videos of your child for publicity purposes.

Parent Signature: _____ Date: _____

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Medical Information Form

COMPLETE THIS FORM ONLY IF YOU ANSWERED YES TO MEDICAL QUESTIONS ABOVE

Parents/guardians are responsible for informing Studio East if a student has a serious health condition. This information will be shared with staff only as needed.

Student: *(last)* *(first)*	**Birth Date:**	**Male** ☐ **Female** ☐
Parent: *(last)* *(first)*	Primary Phone: ( )	☐ Home ☐ Cell
Please explain your child's serious health condition: (for example diabetes, severe allergies, epilepsy/seizure disorder, severe asthma, or cardiac/heart conditions)		
We want to create a successful experience for your child. Please explain any medical, behavioral, or emotional challenges that may impact your child's experience and the best ways we can help your child be successful.		

Please list any medications your child currently takes:

Medication	Dose/ Frequency	Taken at Home	Taken during class/camp	Will Self-Administer	Notes
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	

Any medication brought to class/camp should be kept in the student's backpack.* Let us know if alternative arrangements should be made for any reason. Refrigeration will not be available. **If your student cannot self-administer medication, you must make arrangements for a person known to the child to come to camp or class and administer medication.** Please advise the camp or class teacher of the person's name and arrival time in advance. If your child needs prompts to take medication, or needs to report on medications taken during class/camp, please make arrangements to have your child carry a cell phone. **Instructors cannot be responsible for administering or monitoring student medication.**

Please list any allergies about which our staff or medical personnel should be aware:

Allergen	Reaction	Treatment

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*EpiPens will be kept with the First Aid kit at camp. In cases of severe allergic reaction, instructors are trained to administer EpiPen to outer thigh, call 911 and then call parents. Please remember to pick up your EpiPen from staff on the last day.

Parent Signature: _____ Date: _____

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