

# Health/Emergency Form



The Dance Connection  
 1 Jill Court  
 Building 16, Suite 12  
 Hillsborough, NJ 08844  
 (908) 874-8800  
 www.DanceConnectionNJ.com

Please fill out this form completely and return it to the Dance Connection before any full day program.  
 Please note all medical concerns must be written down on this paper. If changes need to be made you must fill out a completely new form.  
 If you have any questions please don't hesitate to call us.

**Camper's information**

Child's name ..... Child's date of birth .....

Child's Address(street) ..... city ..... state ..... zip .....

Name of Camper's health Insurance (Optional) ..... Insurance ID # (Optional) ..... Group # (Optional) .....

**Emergency Contact information**

Contact 1 will be called first followed by contact 2 etc. Each contact must know they are on this list.  
 You must supply at least 2 different contacts, we advise at least 3.

**Contact 1** Full name ..... relation to Camper ..... home # ..... cell # ..... Work # .....

**Contact 2** Full name ..... relation to Camper ..... home # ..... cell # ..... Work # .....

**Contact 3** Full name ..... relation to Camper ..... home # ..... cell # ..... Work # .....

**Contact 4** Full name ..... relation to Camper ..... home # ..... cell # ..... Work # .....

**Medical Concerns** Please explain any mental, physical, emotional concerns or limitations that we should know about. This could include, but is not limited to, hearing problems, asthma, allergies, nosebleeds, anxiety, headaches, eye problems(glasses), orthopedic concerns, medications, diabetes, ADD, Eating or digestive disorders, Lactose intolerant, etc.

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Parent/Guardian signature ..... Parent/Guardian name(print) ..... Date .....