

# Immersed In Music Academy EMERGENCY INFORMATION

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

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Person(s)	Phone	Relationship
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1) _____	_____	_____
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2) _____	_____	_____
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Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

Special Disabilities (if any) \_\_\_\_\_

Allergies (including medication reaction) \_\_\_\_\_

Medication(s) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy \_\_\_\_\_

I give permission for Immersed In Music Academy (IIM) staff to administer minor first aid procedures.

In case of an accident or serious illness, I request IIM staff to contact my appointee or me. If this cannot be done, I authorize IIM staff to call the physician or dentist listed above and to follow his/her instructions. If the physician or dentist named cannot be reached, IIM staff may seek medical services and provide transportation that seems necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

PLEASE LEAVE NO BLANK AREAS ON THIS FORM.  
IF A QUESTION DOES NOT APPLY, WRITE "N/A".