



Emergency Information and Authorization Form

The information that you provide on this form will be used to ensure your child's safe participation in programs at JNorthcraft Studios. A completed form for each child must be submitted before your child will be allowed to participate.

Student Name: _____
 School: _____ Grade: _____
 Date of Birth: ____/____/____
 Address: _____ City _____ Zip _____
 Parent or Guardian: _____
 Home #: _____ Cell #: _____
 Work #: _____ email: _____
 Emergency Contact Person (in addition to parent or guardian): _____
 Relation: _____ phone #: _____

Medical Information

1. Allergies _____

Medications – please do not send any medications with your student unless absolutely necessary. All emergency medication must be labeled with child's full name and given to the instructor at sign-in to be kept out of reach of other students.

Medications _____

2. Other medical, behavioral or emotional issues we should be aware of:

3. I grant permission for the staff of JNorthcraft Studios to take whatever steps necessary to obtain emergency medical care including contacting emergency contact, administering basic first aid, transporting or arranging for emergency medical care.

Agreement

1. I understand that all JNorthcraft Studios classes take place at 203 S. 3rd Ave in Brighton. I grant permission for my child to participate in all the activities of JNorthcraft Studios.

2. I grant permission for my child to be included in pictures of promotions for JNorthcraft Studios.

Parent/Guardian Signature _____ Date: _____