



MEDICAL INFORMATION

<p>As a Safety Precaution, your child should be Covered by medical Insurance in order to participate with RHYTHMIC ART activities.</p>	
Insurance Carrier: _____	Policy #: _____
Primary Doctor: _____	Doctors Number: ____-____-____
Allergies: _____	
Emergency Contact: _____	Contact Number: ____-____-____
Please briefly describe any medical or learning disabilities that might interfere with RHYTHMIC ART activities: _____ _____ _____	
<p>RHYTHMIC ART <i>does not</i> authorize or administer any Medications, as we do not have a registered nurse on duty at any time!</p>	

Signature: _____

Print Name: _____

Relation to Child(ren): _____ **Date:** ____/____/20____