KeyAbility Emergency Contact & Health Form

Student Name: _____
Parent/Guardian Name(s): _____
Lesson Day/Time: _____

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1. Emergency Contacts

Contact Name	Relationship	Phone Number	Alternate Phone	Notes
Primary				
Secondary				
Additional				

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2. Medical Information

- **Allergies (food, medication, environmental): _____**
- **Medical Conditions (asthma, diabetes, seizures, etc.):**
  _____
- **Medications (taken during lesson or in case of emergency):**
  _____
- **Other Relevant Health/Behavioral Information: _____**

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3. Illness Policy Acknowledgment

- I understand that students **should not attend lessons if experiencing fever, vomiting, diarrhea, or other contagious illness**, or if absent from school for the same reason.
- I agree to notify the studio as soon as possible if my child is ill.

Initial here: ____

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4. Authorization for Emergency Treatment

In the event of a medical emergency, I authorize KeyAbility staff to:

1. Contact the listed emergency contacts.
2. Seek emergency medical care if necessary.
3. Provide information to medical personnel to ensure appropriate treatment.

Parent/Guardian Signature: _____ Date: _____

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5. Additional Notes / Special Instructions
