



## The Arc of Burlington County

### Emergency Medical Information for Dance Participants

(Required for anyone not accompanied by a responsible adult)

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Best Phone #: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Best Phone # \_\_\_\_\_

Insurance Provider(s) and Policy # (s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

Current Medications: (use back of form if needed) \_\_\_\_\_

\_\_\_\_\_

Signature of person providing above information: \_\_\_\_\_

The Arc of Burlington County staff will use the nearest medical facility in case of emergency, unless notified otherwise. This form must be updated and on file at the dance each September, to ensure that The Arc has accurate information. It is the responsibility of parents, staff or guardians to make sure that information is updated. All those attending MUST have an emergency contact available at all times, in case of any medical or behavioral issues.

Return this form by mail: The Arc of Burlington Co., 115 E. Broad St., Burlington, NJ 08016 OR by email: [donnah@arcofburlington.org](mailto:donnah@arcofburlington.org), OR return to staff at the front door of the dance.