



Silverton Arts Association
www.silvertonarts.org

303 Coolidge Street
Silverton, OR 97381

503-873-2480
info@silvertonarts.org

Emergency Contact Form

Student Name: _____ Date of Birth: _____

Student Address: _____

Student Home Phone: _____

Parent/Guardian Name(s): _____

Parent Home Phone: _____

Cell Phone (Parent 1): _____ Work Phone (Parent 1): _____

Cell Phone (Parent 2): _____ Work Phone (Parent 2): _____

Additional Emergency Contact

Name: _____

Phone Numbers: _____

Allergies: Please include food, drugs, or ANY other known allergies. If none, please indicate NONE.

Medical Conditions: Please include any medical condition or learning disabilities of which our instructors or medical personnel should be aware, including dyslexia, AD/HD, diabetes, auto-immune diseases, heart murmurs, etc. If none, please indicate NONE.

I acknowledge that the information I have provided is complete and accurate as of the date of my signature below. Should any of this information change, I am responsible for completing a new form.

Signature of Parent/Guardian

Date