

ST. LOUIS **BALLET SCHOOL**

HEALTH AND INSURANCE INFORMATION FORM

This form is confidential and kept on file as part of your health record at Saint Louis Ballet School

Student Name:

_____ Circle:
Last First Middle M F

Any health history or medical issues/allergies we need to know about?

Person to Notify in Case of Emergency:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Insurance Information:

Policy Holder Name: _____

Insurance Phone: _____

Insurance Co.: _____

ID #: _____