



EMERGENCY CONTACT FORM

Every person enrolled/participating in classes of any type at REFLEX STUDIOS must complete this form. This information is not shared, it is for the safety and well being of the student while on premise.

Please PRINT Clearly/legibly.

STUDENT'S FULL NAME: _____

1st Emergency Contact Name: _____

Phone/cell where they can be reached during class time: _____

Relationship to Student: _____

2nd Emergency Contact Name: _____

Phone/cell where they can be reached during class time: _____

Relationship to Student: _____

Please list any Allergies, Medical Issues, Learning Disabilities or Issue relevant to the Staff:

Please list any medications the student is currently taking (needed in case of emergency):

MEDICAL INSURANCE INFORMATION:

Insurance Company: _____

Policy Number(s): _____

Policy Holder's Name: _____