

**Annette Meyer Studios, Ltd.
PO Box 746
Grafton, WI 53024-0746**

Emergency Contact Card- Annette Meyer Studios, LTD.

Student(s) Name **Parent(s) Name**

Home Address **City** **Zip Code**

Home Phone **Cell Phone** **Work Phone**

E-Mail Address (Required for lesson updates)

Name of person to contact in case of emergency **Contact Number**

Please explain any unusual health conditions and list any known allergies.

If, in the judgment of Annette Meyer Studios, LTD., emergency treatment is required, I authorize my child to be transported by ambulance to the nearest hospital for treatment. I also understand that the ambulance does reserve the right to convey the patient to the nearest definitive care hospital or the hospital of their choice, should they deem it necessary. I hereby authorize the physician(s) at the hospital to give emergency treatment to my child.

Date **Signed by parent or legal guardian**

Annette Meyer Studios, Ltd. is not responsible for any injury or accident resulting from participation in lessons or events at the studio and/or its surrounding areas. Please use caution and be respectful of other children in these areas.

Date **Signed by parent or legal guardian**