**April Rain Dance Academy Health and Safety Report Form**

Dear Parent/Guardian,

Please complete the following Health and Safety Report Form to document and address your child's health condition or any related incidents. Ensuring the safety and well-being of our students is our top priority. Thank you for your cooperation!

**Student Information**

* **Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Class**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Parent/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Information**

* **Existing Health Conditions** (Please describe any known health issues or chronic conditions your child has):
* **Allergies** (Please list any allergies your child has, including food, medication, environmental, etc.):
* **Medications** (Please list any medications your child is currently taking and their dosage):

**Incident Details**

* **Date and Time of Incident**:
	+ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Description of Incident** (Please provide a detailed description of the incident, including the circumstances, symptoms, injuries, etc.):
* **Actions Taken** (Please describe any emergency measures or medical interventions that have been taken):
* **Medical Advice** (If applicable, please provide any recommendations or instructions from a medical professional):

**Emergency Contact Information**

* **Emergency Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Acknowledgment**

I have read and understood the information provided above and confirm that the health and safety information provided is accurate. I will notify April Rain Dance Academy of any changes or new health issues promptly.

* **Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit the completed Health and Safety Report Form to the front desk or email it to: yasdancestudio@gmail.com**

Thank you for your cooperation. We will promptly address the related matters and ensure your child's safety and health are properly managed. If you have any questions, please feel free to contact us.