

**WVU, SCHOOL OF THEATRE & DANCE  
SUMMER DANCE ACADEMY 2025  
EMERGENCY CONTACT INFORMATION**

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**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Doctor's Name & Phone No.:** \_\_\_\_\_

**Preferred Hospital – circle one:**                      **Ruby Hospital**                      **Monongalia General Hospital**

Do you have any medical conditions that we should report to E.M.S. in the event of an emergency?

\_\_\_\_\_

\_\_\_\_\_

Do you have any current or past physical conditions or injury/s that SDA faculty need to be aware of which would hinder your performance in class?

\_\_\_\_\_

Are you on any medications/prescription drugs?      Circle One:                      Yes                      No

If so, what medications are you currently taking?

\_\_\_\_\_

\_\_\_\_\_

**STUDENT'S EMERGENCY CONTACT INFORMATION**

**EMERGENCY CONTACT NAME & ADDRESS:**

**PHONE NUMBER:**

**Circle One:**                      **Parent**                      **Guardian**

\_\_\_\_\_ HOME: \_\_\_\_\_

\_\_\_\_\_ WORK: \_\_\_\_\_

\_\_\_\_\_ CELL: \_\_\_\_\_

**Local Emergency Contact Person** (if different from above)

\_\_\_\_\_ HOME: \_\_\_\_\_

\_\_\_\_\_ WORK: \_\_\_\_\_

\_\_\_\_\_ CELL: \_\_\_\_\_

**NOTE: THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL!**