

**Spindulys Lithuanian Folk Dance Ensemble
Dancer Medical Information Sheet**

Dancers age 18 and over



Dancer Name: _____

Name of Emergency Contact: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number(s): _____

Health Insurance Information:

Health Care Provider / Physician Name: _____

Provide Phone Number: _____

Insurance Company Name: _____

Insurance Policy Number: _____

• **Allergies to foods, medication, etc. (if none so state, if yes specify):**

• **Medical Alert Information (medical conditions, illnesses, etc... if none so state, if yes specify):**

• **Current Medications (if none so state, if yes specify):**

• **Additional Information:**

