

**SOUTH HIGH MARATHON DANCE ALUMNI**  
**Medical Information**

**Name** \_\_\_\_\_

**Graduation Year** \_\_\_\_\_

**Address** \_\_\_\_\_  
*(Street, Apartment number)*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*(City) (State) (Zip)*

**In case of an emergency** \_\_\_\_\_ **can be**  
*(Name of parent / guardian / emergency contact)*

**reached at** \_\_\_\_\_ **on Friday and through Saturday evening.**  
*(Phone number)*

**Do you have any medical problems that we should be aware of? (Explain)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Are you taking any medications? (Explain)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_  
*(Signature) (Date)*