Southland Ballet Academy

Personal Health and Medical Release Form

(Please print clearly)

Student Name: _____

Parent(s) or Guardian: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (H): _____ (W): _____

Cell of student: _____ (Cell of Parent): _____

If the parent or guardian named above is not available in the event of an emergency, notify:
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

I do certify that my son/daughter is in good health and capable of participating in Southland Ballet Academy's summer program. In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I authorize that my child will be taken by ambulance to the nearest hospital for emergency medical treatment, which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.

Signature of Parent/Guardian Date:

Medical Profile: Has your child ever been treated for or diagnosed with: (please circle)

Allergies	Convulsions	High Blood Pressure
Asthma	Diabetes	Leukemia
Bone disease	Epilepsy	Lung Disease
Cancer	Hemophilia	Rheumatic fever
Other		

Explanations:_____
_____

Medications: List any medications the dancer will be taking:
_____

Allergies: (circle all that apply) Food Insect Bites Medicines Plants

Explain: _____
_____

The Southland Ballet Academy program involves rigorous physical activity. Does the student have any known injuries or physical conditions that may inhibit full participation in the program?

Yes □ No □
Explain: _____
_____

Date of last Tetanus shot: _____ Date of last physical: _____
Insurance Co: _____ Policy Number: _____ ID/Group#:_____
Physician Name: _____ Phone Number: _____