

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
Asthma
Bone disease
Cancer
Other

Convulsions
Diabetes
Epilepsy
Hemophilia

High Blood Pressure
Leukemia
Lung Disease
Rheumatic fever

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: _____