Southland Ballet Academy Personal Health and Medical Release Form

(Please print clearly) Student Name:				
Parent(s) or Guardian:				
Home Address:				
City:				
Phone: (H):	(W):			
Cell of student:	(Cell of Par	ent):		
If the parent or guardian named al Name:Name:	oove is not available in the Relationship:	event of an em	ergency, notify: Phone:	
I do certify that my son/daughter is Academy's summer program. In c contact me. In the event that I can to the nearest hospital for emerge surgery or injection of medication	ase of emergency, I unders not be reached, I authorize ncy medical treatment, whi	stand that every that my child v	effort will be ma vill be taken by ar	de to mbulance
Signature of Parent/Guardian	io my comadagnion]	Date:	
Medical Profile: Has your child e	ever been treated for or diag	gnosed with: (p	lease circle)	
Allergies Asthma Bone disease Cancer Other	a Diabetes disease Epilepsy		High Blood Pressure Leukemia Lung Disease Rheumatic fever	
Explanations:				
Medications: List any medications	s the dancer will be taking:			
Allergies: (circle all that apply) Explain:			lants	
The Southland Ballet Academy proknown injuries or physical condition				have any
Yes □ No □ Explain:				
Date of last Tetanus shot: Insurance Co: Physician Name:	Date of last physi Policy Number: Pr	cal: ID/0 none Number:	Group#:	