

# 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: \_\_\_\_\_