

2009-2010 Health Information & Medical Release Form

Child's Full Name _____ Sex: M _____ F _____

Address _____

Email _____

Home Phone (_____) _____

Birthdate _____ Age _____

Parents: Mother's Name _____ Father's Name _____

Home Phone (If different) _____ Home Phone (If different) _____

Work Number(_____) _____ Work Number(_____) _____

Cell Phone (_____) _____ Cell Phone(_____) _____

Additional number if parent/guardian cannot be reached Name _____

Relationship _____

Home Phone(_____) _____ Work phone (_____) _____

Cell Phone (_____) _____

Health Insurance:

Carrier _____

Carrier Address _____

Policy Holder _____

Policy Number _____ Group Number _____

Physician numbers:

Primary Medical Doctor _____ Phone (_____) _____

Dentist name: _____ Phone (_____) _____

Orthodontist Name _____ Phone(_____) _____

Child's Personal Information:

Operations or injuries (dates) _____

Chronic/Recurring Illness or Conditions _____

Child's Weight _____ Child's Height _____

Information about participant's behavior and physical, emotional, or mental health about which I should be aware _____

Does your child have a learning disability that may affect his/her ability to learn quickly or retain information in class? If yes, please explain. Yes No

Dietary Restrictions _____

Allergies:

Medications: Yes No If yes list meds _____ Describe reaction _____

Foods: Yes No If yes list foods _____ Describe reaction _____

Other Allergies such as latex or tapes: Yes No If yes what is the allergy and describe the reaction

Do you have Asthma? Yes No

Do you carry an epinephrine kit? Yes No

Immunizations:

Are all of your child's immunizations up to date? Yes No

Medications:

Is your child currently taking any medications? Yes No

Please list all medications your child is taking, including over-the-counter medication.

Name _____

Dosage _____ How Often _____

Reason for taking medication _____

Name _____

Dosage _____ How Often _____

Reason for taking medication _____

May we give your child Tylenol/Advil/Antibiotic Ointment or other over-the-counter medications as necessary? Yes No

No Canges Option:

I have reviewed my child's 2008-2009 health & medical release form and attest that all information is still correct and unchanged. (Please staple a copy of the 2008-2009 health & medical release form with all sections initialed.)

Parent/Guardian Signature _____

Date _____

To Whom It May Concern:

I hereby authorize Colleen Wood, Danielle Twohy, Rebecca Jacobs, Nicki Weinhagen or other employees of or chaperones for Metro Dance Center between the dates of September 8, 2009 through August 31, 2010, to act on my behalf to provide medical or surgical care for _____ while in attendance at any dance classes or extracurricular activities in association with Metro Dance Center LLC. I understand that all financial obligations arising from medical care given to my child shall be the responsibility of myself and/or my insurance company.

Parent/Guardian Signature _____

Date _____