

MEDICAL INFORMATION

Student Name: _____ Age: _____

Birthdate: _____ Sex: _____

Address: _____ City/State/Zip _____

Phones: day _____ evening _____ cell _____

Physician: _____ Phone: _____

Physician's Address _____

General Health: Excellent _____ Good _____ Fair _____ Poor _____

Significant Family Health History: _____

Known Allergies (including food, drug and environment): _____

Medication the student is currently taking (including vitamins, minerals, or other dietary herbal supplements):

Chronic Illnesses or Pre-Existing Conditions: _____

Has the student had any of the following conditions? Check ALL applicable boxes and specify dates.

Seizures _____

Vision Difficulties _____

Diabetes _____

Circulatory Problems _____

Hypoglycemia _____

Anemia _____

Epilepsy _____

Dizziness / Blackouts _____

Serious Illness _____

Fatigue _____

Please explain _____

Developmental Delay _____

Please explain _____

Is the student's immunizations up to date? Yes _____ No _____

If no please explain:

Does the student have any physical handicaps:

INJURIES: _____

*****NOTE: If you have a chronic condition or a current medical problem, please bring a signed statement from your physician permitting class and/or performance participation.

Is there anything else in particular you would like us to know about the student? _____

INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____

Name of Policy Holder (PH) _____

In case of emergency, please contact (other than parents):

Name: _____

Relation to student: _____

Work Phone: _____ **Home Phone:** _____

Waiver of Claim and Release of Liability

The undersigned, by signing this waiver of claim and release of liability, acknowledge(s) that there are certain inherent risks associated with dance, any of which could result in property damage or bodily injury. These risks include, but are not limited to, warm-up, class, rehearsal, performance, or transport of artists.

In consideration for the consent and right given to the undersigned to dance with Peoria Ballet, and with full understanding of the inherent risks involved, the undersigned does/do, by signing below, expressly assume all the risks of any nature whatsoever and does/do hereby release and forever discharge Peoria Ballet, its officers, directors, shareholders, employees and agents, from any claim or liability of property or bodily injury of any nature whatsoever arising out of Peoria Ballet operations, and the undersigned does/do acknowledge full and total personal insurance responsibility while participating with Peoria Ballet.

Dated this _____ day of _____, 20_____

Participant's Signature _____

Parent or Legal Guardian's Signature (if participant is under 18) _____

CONSENT TO MEDICAL TREATMENT

**In the event of an emergency, when parental permission is not available, I hereby give my permission for a staff member of Peoria Ballet to consent to medical treatment for _____
(name of student)**

Signature of Parent or Legal Guardian (or Student if over 18) _____

Date: ____ / ____ / ____