

# MEDICAL HISTORY AND RELEASE FORM

Provide Student info below

Student Full Name	Date of Birth
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Parent/Guardian Emergency Contact(s) during class time

Doctor	Phone
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1. Has your child ever been advised by a medical doctor not to participate in any athletic activity?  
 Yes  No  If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

2. ALLERGIES: Foods, medicine, insects, plants, etc: Yes  No  If yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. MEDICATIONS: Yes  No  If yes, list them:  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Does the student have [check all that apply]:  
 Asthma? Yes  No  Diabetes? Yes  No  Heart Trouble? Yes  No  Other? \_\_\_\_\_  
 Explain: \_\_\_\_\_

5. Has the student had any major illness or surgery in the last two (2) years? Yes  No   
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. RELEASE: As Student / Parent / Guardian (circle one, "Students" must be 18 years of age or older) by signature below, I hereby authorize the staff of Passion Dance Project, Inc. to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Passion Dance Project, Inc. and its staff from any and all liability for any injuries or illnesses while going to and from and while at the Passion Dance Project, Inc. facilities or at alternate venues for any purpose. Any and all medical expenses incurred will be my responsibility. I have no knowledge of any physical or mental impairments that would be affected by the named student's participation in the Passion Dance Project, Inc. program.

I hereby certify that the information stated above is correct and completed to the best of my knowledge.

\_\_\_\_\_ Student / Parent / Guardian Signature

\_\_\_\_\_ Date



Passion  
Dance  
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Inc.

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