

# Medical History and Release Form

Student Full Name

Parent/Guardian Emergency Contact(s) during class time

Doctor

Phone

Has your child ever been advised by a medical doctor not to participate in any athletic activity?

Yes  No  **If yes, please explain**

Allergies: Foods, medicine, insects, plants: Yes  No  **If yes, please describe:**

Medications: Yes  No  **If yes, please identify:**

Does your child have (please circle):

Asthma? Yes  No  Diabetes? Yes  No  Heart Trouble Yes  No

**If yes, please explain:**

Has your child had any major illness or surgery in the last two years? If so, please list them below:

**Release: As Parent of Guardian by signature below, I hereby authorize the staff of Greenville Civic Ballet Studio to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Greenville Civic Ballet Studio, LLC, its Members and Staff from any and all liability for any injuries or illnesses while traveling to and from, or while at Greenville civic Ballet Studio. Any and all medical expenses incurred will my responsibility. I have no knowledge of any physical or mental impairment that would be affected by the my student's participation in the Greenville Civic Ballet Studio program.**

Parent/Guardian Signature and Date

