

MEDICAL FORM

In the event that a medical clearance must be obtained prior to my child's participation in DANCE UNLIMITED'S program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of dance classes.

In signing this consent form, I affirm that I have read this form in its entirety and that any questions I have concerning the dance program have been answered to my satisfaction.

CHILD'S NAME \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ Phone \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any known medical disorders? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE SPECIFY: \_\_\_\_\_

MOTHER'S DAYTIME PHONE \_\_\_\_\_ FATHER'S \_\_\_\_\_

CELL PHONE \_\_\_\_\_

In event of an emergency and the parents/guardians cannot be reached, the classroom instructor has my permission to initiate emergency medical assistance; call an ambulance Yes \_\_\_\_ No \_\_\_\_

ANY MEDICATION CHILD IS CURRENTLY TAKING \_\_\_\_\_

ANY ALLERGIES \_\_\_\_\_

ANY LEARNING DISABILITIES \_\_\_\_\_

PLEASE SPECIFY \_\_\_\_\_

I waive all medical responsibility for my child for any injury or other health/emotional problems sustained while participating in any activity of DANCE UNLIMITED LLC, unless such injury is caused by the proven negligence of the instructional staff.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PLEASE PRINT BOTH PARENTS' FIRST AND LAST NAMES \_\_\_\_\_  
\_\_\_\_\_

All information is confidential and kept on file for the use of the instructor to help your child master dance instruction and in case of any emergencies.