

HEALTH QUESTIONNAIRE / MEDICAL RELEASE FORM

Student's Name _____ Age _____
Address _____ City _____ State _____ Zip _____
Parents' Names _____
Phone # _____ Work # _____ Cell # _____
In Case of Emergency Notify _____ Phone # _____
_____ Phone # _____

PAST MEDICAL HISTORY

Circle all that apply

- | | | |
|-------------------------------|---|-------------------------|
| Asthma | Respiratory Problems | Glasses or Contact Lens |
| Heart Murmur | Dizziness or Fainting Spells | Hearing Loss |
| Epilepsy | Vision Problems | Heart Trouble |
| Diabetes | Kidney Trouble | Orthopedic problems |
| Bone, Join or Other Deformity | Allergies – Food, Medicine, Insect Bites/Stings | |
| Covid-19 | | |

Please explain any circled items above: _____

Previous surgeries, injuries or serious illnesses: _____

Any current medications and why they are being taken: _____

Are there any physical limitations that would affect your child's participation in dance class? If so, what? _____

My permission is granted for Becky Robinson or other staff persons of Becky's Dance Steps Studio to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Becky Robinson and the staff of Becky's Dance Steps Studio from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage, injury or illness while participating in dance classes at Becky's Dance Steps Studio.

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

PHOTO RELEASE

I agree that my child's picture or likeness can be represented and published in any Becky's Dance Steps Studio publications, advertisements, website photos and Facebook page and videos to be viewed by the public.

PARENT OR GUARDIAN SIGNATURE _____

DATE _____