



## Student Medical Form (Please Print)

Student's Name: \_\_\_\_\_  Male  Female

Student's Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr.'s Phone#: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Insurance Co. Phone #: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Facility Request: \_\_\_\_\_

**Emergency Contacts other than parents.** *Parents will always be called first unless instructed otherwise.*

**- Contact 1 -**

**- Contact 2 -**

|                                       |                                      |
|---------------------------------------|--------------------------------------|
| Name                                  | Name                                 |
| Relationship to Student               | Relationship to Student              |
| Day Phone – <i>with area code</i>     | Day Phone – <i>with area code</i>    |
| Cell Phone/Pager                      | Cell Phone/Pager                     |
| Evening Phone – <i>with area code</i> | Evening Phone– <i>with area code</i> |

Does student have any allergies? If so, to what? \_\_\_\_\_

Describe any injuries or surgeries in the last year \_\_\_\_\_

Any emotional or behavioral conditions? \_\_\_\_\_

Any presently existing or persistent condition/infection? (i.e., asthma, bursitis, etc.) \_\_\_\_\_

Please list any medications student is currently taking \_\_\_\_\_

If student is diabetic or hypoglycemic, please indicate the recommended food/drink in case of emergency: \_\_\_\_\_

Does student wear: Eyeglasses \_\_\_\_\_ Contacts \_\_\_\_\_ Hearing Aids \_\_\_\_\_ Would you like batteries available to student? \_\_\_\_\_

Any other information we should be aware of? \_\_\_\_\_

### Liability Release

I/We hereby release Westwood Baptist Church, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by the above-named student while participating in classes and activities offered by Westwood Ballet. In case of emergency, I/we grant any staff or faculty member of Westwood Ballet permission to seek medical care for the above-named student.

\_\_\_\_\_  
Signature of Parent

*Please complete this form and send with the Student Registration and Student Information forms.*