



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.