

# The Ballet Hispanico School Health Form

Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_ Date:\_\_\_\_\_

## Student Information *please print*

Last:	First:	Middle Initial:
Home Phone:	Student Cell Phone:	
Street:	Apt:	
City:	State:	Zip:
Date of Birth:	Email:	
Gender: M <input type="checkbox"/>	F <input type="checkbox"/>	

## Parent/Guardian Information *please print*

Last:	First:	
Home Phone:	Work Phone:	Cell Phone:
Street:	Apt:	
City:	State:	Zip:

## Emergency Contact Information *please print*

Last:	First:	
Relationship to Student:	Phone:	

## Health Insurance Information *please include a copy of your insurance card or other confirmation of insurance*

Do you currently have health insurance coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health Insurance company:	Dates of coverage:	

## Primary Physician Information *please print*

Last:	First:	
Street:	Suite:	
City:	State:	Zip:
Office Phone:	Hospital Preference:	

## Medications *please print*

Please list any medications you take on a regular basis (such as Insulin or Ritalin)

# The Ballet Hispanico School Health Form

## Medical History

*please print*

List any medical conditions you have including asthma, high or low blood pressure, heart conditions, allergies, etc.

List any allergies or reactions you have had to medications and when:

Medication/Reaction	Date of Occurrence

List any allergies or reactions you have had to foods, molds, pollens, animals, insects, etc.

List any physical or dance related problems you have including injuries, bone, joint, or muscular disorders, etc.

One's emotional life often has an effect directly or indirectly on one's physical health, such as symptoms of stress or mood changes. Please provide information about any psychological or emotional matters which could affect your physical health and about which our School should be aware.

Do you have any religious beliefs affecting any aspect of your health care about which our School should know?

Yes  (if yes, please specify below)                      No

## Confirmation

**\* I \_\_\_\_\_, confirm that the information above is correct and true.**

Student's name

Student Signature (if over the age of 18)

Date

**\* I confirm that the above named student is physically able to take part in a rigorous dance program.**

Parent/Guardian Signature (**required if student under the age of 18**)

Date