

MEDICAL INFORMATION:

Known Allergies (drugs, etc.) and/or pre-existing condition: _____

Known Conditions: _____

Medication the student is taking: _____

Injuries: Recent: _____ Chronic: _____

Blood Type: _____

Family Physician: _____ Office #: _____

I understand that if a child suffers a serious injury or illness while at Gustafson Dance, first aid will be rendered and an immediate and continuing effort will be made to contact the child's parents. If I cannot be reached by telephone in the event of an emergency, Gustafson Dance and /or doctor and/or Allison Gustafson has my/our permission to take my child, _____, to the doctor and/or hospital to be treated as necessary for an injury or illness.

Signature of Parent or Guardian

Date

RELEASE OF LIABILITY

I agree that I will not hold Gustafson Dance/State Street Ballet and its employees liable for any injury or illness that might occur while my child, _____, is a student of Gustafson Dance.

Signature of Parent or Guardian

Date