

MEDICAL HISTORY AND RELEASE FORM

Student Full Name

Parent/Guardian Emergency Contact(s) during class time

Doctor

Phone

Has your child ever been advised by a medical doctor not to participate in any athletic activity?

Yes No If yes, explain:

ALLERGIES: Foods, medicine, insects, plants: Yes No If yes, please describe:

MEDICATIONS: Yes No If yes, please identify:

Does your child have (please circle):

Asthma? Yes No Diabetes? Yes No Heart Trouble? Yes No If any yes, please explain:

Has your child had any major illness or surgery in the last two years? If so, please list them below:

RELEASE: As Parent or Guardian by signature below, I hereby authorize the staff of Elite Feet Dance Studio to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Elite Feet Dance Studio, LLC, its Members and Staff, and Meadows Property Holdings, LLC and its Members, from any and all liability for any injuries or illnesses while traveling to and from, or while at Elite Feet Dance Studio. Any and all medical expenses incurred will my responsibility. I have no knowledge of any physical or mental impairment that would be affected by the my student's participation in the Elite Feet Dance Studio program.

Parent/Guardian Signature and Date



253 EAST 4TH STREET, FREDERICK, MD 21771 ♦ 301.620.9099 ♦ info@elitefeetstudio.com