

Garrowhill School of Dance Medical Information Form

Dancer's Name _____

Date of Birth _____

Address _____

Telephone No. _____

Mobile _____

Postcode _____

E-mail _____

Emergency Contact Name _____

Contact No _____

Relationship to Dancer _____

(The emergency contact is for during class time. If your son/daughter has classes on more than one day and you wish to give different numbers for each day please list these overleaf. Please ensure you state which number is for which day)

HEALTH QUESTIONNAIRE (This must be completed and signed)

Does your child now have or has ever had a history or experience with any of the following (please tick all that apply) :-

- Diabetes
- Chest Pains
- Family History of Heart Disease
- Muscular/Joint problems
- Asthma or other respiratory problems
- Migraine/Dizziness
- Recent Surgeries
- Any sustained injuries/illnesses
- Epilepsy
- Difficulty with any form of physical exercise
- Currently taking any medication

If you ticked any of the above please give details (I.e. severity of condition, frequency of medication)

It is the responsibility of the parent/guardian to inform teachers/coaches of any changes to the above information whether temporary or permanent.

I, as the parent/guardian of the above dancer (dancers aged 18 years or over should complete and sign this form themselves), admit to the information given as being true and correct and take full responsibility for any incident arising where information has been with-held.

Signed (Parent/Guardian if under 18 yrs of age) _____

Print Name _____

Please ensure you discuss with Miss Letarte any special arrangements which need to be made for your child during class time.