

LYNCH SCHOOL OF BALLET

MEDICAL FORM

Student Name _____
Last First M.I.

Allergies, Medications and Conditions (Please print clearly)

Please list allergies to prescription drugs:

Please list any medications that the student is currently taking:

Please list any special physical or psychological conditions, past or present, of which faculty and staff should be aware:

Medical Insurance Information

Name of Insurance Company _____

Company Address _____

Phone Number _____ Fax Number _____

Name of Policyholder _____

Employer: _____

Group # _____ Identification # _____

Please submit a copy of the student's insurance card (front and back sides).

Medical Release

In the event I cannot be reached, I hereby give my permission to the management, faculty and staff of the Lynch School of Ballet to authorize any emergency medical care that may be required by the above student during participation in classes, performances, or any related school events. This authorization extends throughout the throughout the summer and upcoming academic year and or until the student is no longer enrolled at the school, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Parent signature

Date