

Dance New Amsterdam Student Health Form

Today's Date (mo/day/yr) _____ Program Start Date (mo/day/yr) _____

Student Name _____

Date of Birth (mo/day/yr) _____ gender: male female

Parent/Relative Name _____

Relationship to Student _____

Parent/Relative Phone Number _____

Parent/Relative Address _____

In Case of Emergency Notify: _____

Relationship to student _____

Phone Number _____

Medical History

List any medical conditions you currently have. These may include asthma, diabetes, high or low blood pressure, heart conditions, allergies, etc.

List all medications/vitamins/supplements that you take regularly.

List any allergies or reactions you have had to medications.

Medication	Reaction	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

List any physical or dance-related health issues that may affect your training. Please include any past injuries (including date of injury), bone, joint or muscular disorders, etc.

Have you ever been hospitalized? Yes No

If Yes, please give further explanation below, including dates.

Have you been vaccinated for:

Measles Mumps Rubella Tetanus date of Tetanus shot _____

Emotional or mental health issues may affect your physical health. Have you experienced emotional or mental health issues that DNA should be aware of? Please explain below.

Do you have any religious or personal beliefs affecting your health care choices that DNA should be aware of? Please explain below.

Student declaration/waiver:

I confirm that all information provided on this form is correct and true. I agree that I will not hold Dance New Amsterdam liable for injuries sustained or illnesses contracted by me while a student at Dance New Amsterdam.

Student Signature _____ Date (mo/day/yr) _____
