



STUDENT HEALTH INFORMATION & EMERGENCY CONSENT

page 3

This form is to be completed by the parent(s) or guardian(s): please complete all sections.

If the student has experienced any of the following health concerns, please describe the treatment(s) used and give appropriate dates:

| Medical Concern | Yes | No | Comments-Treatment and Date |
|---------------------------------------|-----|----|-----------------------------|
| Cardiac Disorder | | | |
| Seizures/Neurological Disorder | | | |
| Diabetes/Metabolic Disorder | | | |
| Bleeding Disorder | | | |
| Hospitalization/Surgery | | | |
| Asthma/Respiratory Disorder | | | |
| Chronic Illness | | | |
| Visual Deficit/Eye Disorder | | | |
| Diet Restrictions, Digestive Disorder | | | |
| Eating Disorders | | | |
| Orthopedic Disorder | | | |
| Menstrual/Genitourinary Dis. | | | |
| Chicken Pox | | | |
| Mononucleosis | | | |
| Other | | | |
| Psycho/Social Concerns | | | |
| ADD/ADHD | | | |
| Other Psychological diagnoses | | | |
| History of Psychiatric Admissions | | | |
| History of Self-Injurious behavior | | | |
| Other | | | |

As the parent/legal guardian of this student, I have answered these questions honestly and to the best of my knowledge. I understand that any withheld or falsified information could be damaging to my student's health and could lead to withdrawal from the Motion41 Dance summer program.

Signature: _____ **Date:** _____