

FRISCO INDEPENDENT SCHOOL DISTRICT

Dance Team Medical Release Form

to be turned in prior to tryouts

DANCE TEAM MEDICAL RELEASE FORM

Student's Name: _____

School: _____ Grade: _____

I certify that _____ is physically capable and able to fulfill requirements needed to be a dance team member. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my daughter in the event of illness or injury during any squad related activity when either parent cannot be reached. If there is any physical or medical reason why she should not participate fully, the school requires a doctor's release. Furthermore, the school is not liable for any injury incurred during Stars Dance Team.

Parent(s) Signature: _____ Date: _____

MEDICAL TREATMENT PERMISSION FORM

In the event of an emergency occurring while my daughter is on a school sponsored practice, performance, or trip. I grant my permission to the school and its employees to take whatever action necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my daughter to receive medical treatment.

Home Phone: _____ Business Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to be notified other than parent or guardian in an emergency:

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

If you do not grant permission/authorization for consent to medical treatment, what procedure should be followed?

Insurance Company: _____ Policy # _____

Parent(s) Signature: _____ Date: _____

Medical Information:

Heart condition or disease	<u>Circle One</u> Yes No	Asthma	<u>Circle One</u> Yes No
Diabetes	Yes No	Allergic to medication	Yes No
Convulsions disorder	Yes No	Allergic to insect stings	Yes No

State allergies: _____

Date of last tetanus shot: _____

Additional medical information that might be helpful: _____

Any medications currently receiving: _____