

Bella Dance Center

Medical Release Form

Date: _____

Dancer's Name: _____

Street Address: _____

City, State & Zip: _____

Phone: _____ Birthdate: _____

Parents names: Mother: _____ Cell: _____

Father: _____ Cell: _____

Who is legally responsible for this child: _____

Cell: _____ Home: _____

Name of Medical Insurance: _____

Subscriber Name: _____

Social Security #: _____ Group #: _____

Medical Information

Doctors Name: _____ Phone: _____

Medication Allergies: _____

Food Allergies: _____

Immunizations up to date? _____

Please list any recent surgeries, any recent injuries and any medical or psychological problems: _____

All the above information is COMPLETELY confidential