

# ORLANDO BALLET SCHOOL

## MEDICAL INFORMATION

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_

General Health of Student:  Excellent  Good  Fair  Poor

Is your child currently in treatment for his/her cancer?  Yes  No

Is your child currently in remission?  Yes  No

**Does student have any known allergies** (foods, medicines, insect stings)?  Yes  No

If yes, please list allergies and recommend treatment: \_\_\_\_\_

\_\_\_\_\_

**Does student have asthma?**  Yes  No

If yes, what is the recommended treatment? \_\_\_\_\_

**Does student have any injuries or recent surgeries?**  Yes  No

If yes, please explain: \_\_\_\_\_

**Does student require any special attention due to health problems?**  Yes  No

If yes, please explain: \_\_\_\_\_

**Does the student use hearing or vision aids?**  Yes  No

If yes, please explain: \_\_\_\_\_

**Does student have any disabilities?**  Yes  No

If yes, please explain: \_\_\_\_\_

**Has student ever had seizures?**  Yes  No

If yes, please explain: \_\_\_\_\_

Does student currently take any prescription or non-prescription medications, pills (other than vitamins), or use an inhaler?

Yes  No

If yes, please list medications: \_\_\_\_\_

List any other medical conditions we should know about or limitations or restrictions placed on physical activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child is covered under the following insurance plan\*: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Medical Insurance and Group Number: \_\_\_\_\_

**\*Please include a copy (front and back) of your child's insurance card**