Northwest Dance Intensive

HEALTH HISTORY

STUDENT NAME	BIRTHDATE	☐ MALE ☐ FEMALE	AGE	PARENTS' NAME	DATE

MEDICAL HISTORY (Check all the items that apply to your child)

☐ Asthma	☐ Frequent sore throats	☐ Tires easily
☐ Hay Fever	☐ Frequent earaches	☐ Frequent headaches
☐ Diabetes	☐ Frequent stomachaches	☐ Frequent colds
☐ Bleeder	☐ Hoarseness	☐ Poor appetite
☐ Heart disease	☐ Mouth breather	☐ Frequent urination
☐ Seizures or spells	☐ Speech difficulty	☐ Clumsiness
☐ Bone disease	☐ Convulsions with high fever	☐ Fainting spells
☐ Hearing problem	☐ Frequent nose bleeds	☐ Physical handicap

Does your child wear contact lenses? ☐Yes ☐No Glasses? ☐Yes ☐No

ALLERGIES (Check all the items that apply to your child)

☐ Plants ☐ Foods ☐ Bees ☐ Insects
☐ Drugs ☐ Animals ☐ Other (specify) _____

Please describe allergic reaction: _____

_____

_____

Does your child need to carry any of the following:
Epipen ☐Yes ☐No Inhaler ☐Yes ☐No Insulin ☐Yes ☐No

AUTHORIZATION

I hereby authorize the mutual exchange of information between NDI Consulting Staff and /or Physicians, Parents/Guardians and the Administration of the Northwest Dance Intensive.
The purpose of this exchange is to facilitate communication around the physical and emotional well being for the student named below. Information exchanged typically includes test results, interpretation, interventions, and social-emotional adjustment. The methods of exchange can include telephone communication, meeting directly with NDI Administration, and /or sending a copy of the evaluation report. This permission for mutual exchange is valid from June 24th-July14th, 2012. (This form meets HIPAA requirements for the exchange of medical information.)

If emergency treatment is required for my child, the NDI authorities may use their own judgment in calling one of the local doctors to give treatment necessary for the health and welfare of my child.

_____ _____
SIGNATURE OF PARENT/GUARDIAN **DATE**

MEDICATION (Medication requires physician/parent permission)

Is medication needed? ☐Yes ☐No If yes, please list below:
Medication Dosage Directions
1._____
2._____
3._____

MEDICAL INFORMATION

Date of Last Physical Examination _____

Current Height _____ Current Weight_____

Northwest Dance Intensive will be requiring each student to participate in six or more hours a day of physical activity for 10 days. It is important that students attending are capable of participating at this level of activity.
After completion of most recent physical exam and overall health history, do you feel that this dancer can safely attempt and participate in such an active schedule?
☐Yes ☐No
Does this dancer have any physical/mental disabilities or past injuries that would limit participation?
☐Yes ☐No
If yes, please explain.
_____
_____
_____

Any Additional Comments:
_____
_____
_____

_____ _____
SIGNATURE OF PHYSICIAN DATE
Physicians Name and Address (Street, City, State, Zip)
_____
_____
_____
Phone:_____