

Panther Paws Dance Team

Medical Release 2019-2020

Name: _____ Address: _____ Zip Code: _____

Current Grade: _____ Date of Birth: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Physician's Name: _____ Phone: _____

Health History: Do you have or have you ever had:

| | | | | | |
|-----------------------|-----|----|----------------------------------|-----|----|
| Diabetes | Yes | No | Vision problems | Yes | No |
| Tuberculosis | Yes | No | Contacts or Glasses | Yes | No |
| Heart disease | Yes | No | Hernia | Yes | No |
| High blood pressure | Yes | No | Asthma | Yes | No |
| Physical deformities | Yes | No | Dizziness or fainting spells | Yes | No |
| Speech defect | Yes | No | Nosebleeds (chronic) | Yes | No |
| Head injury | Yes | No | Back injury | Yes | No |
| Convulsions or | Yes | No | Nervous disorders | Yes | No |
| Epilepsy | Yes | No | Other chronic diseases of defect | Yes | No |
| Allergies | Yes | No | Do you take any medications? | Yes | No |
| Kidney disease | Yes | No | If so, what? _____ | | |
| Bone or joint disease | Yes | No | | | |

If you answered "yes" to any of these questions, please give a brief history of the problem (i.e. date symptoms first occurred, treatment for problems, etc.) _____

Record of serious injuries or operations: _____

Does your daughter have any health weaknesses such as a bad back, weak knees, weak ankles, etc., that would prohibit her from giving her best possible performance? _____

A) _____ has no health limitations that would keep her from fulfilling her duties or practicing as a dance team member.

B) _____ cannot be recommended to further participate in practice or take part in dance team tryouts.

Parent/Guardian Signature: _____ Date: _____