

Norma's Academy of Dance Student Medical Form

Student's name _____ Male Female
 Student's social security number: _____ Birthday _____
 Doctor's name _____ Dr.'s Phone _____
 Medical Ins. Carrier _____ Ins. Co. Phone _____
 Policyholder's name _____ Policy # _____
 Medical Facility Request _____

Emergency Contact other than parents information: (We will always attempt to contact parents first.)

CONTACT 1	CONTACT 2
Name	Name
Relationship to student	Relationship to student
Day Phone—with area code	Day Phone—with area code
Cell Phone/Pager	Cell Phone/Pager
Evening Phone	Evening Phone

Does student have any allergies? If so, to what? _____

Describe any injuries or surgeries in the last year _____

Any emotional or behavioral conditions? _____

Any presently existing or persistent condition/infection? _____

Please list any medications student is currently taking _____

If student is diabetic or hypoglycemic, please indicate the recommended food/drink in case of emergency _____

Does student wear: Eyeglasses _____ Contacts _____ Hearing Aids _____

Any other information we should be aware of? _____
