



Medical Information & Waiver Form

This medical waiver covers the period 9/1/20 – 8/30/2021

STUDENT INFORMATION				
First Name:		Last Name:		
Gender:	☐ Female ☐ Male	Birthdate:	/ /	Age:
Cell Phone:	Email:			
PRIMARY PARENT INFORMATION				
Parent/Guardian Name:		Relationship to Student:		
Address:		City:	State:	Zip:
Home or Primary Phone:		Work Phone:		
Cell Phone:	Email:			
PRIMARY PHYSICIAN INFORMATION				
Physician Name:		Clinic/Hospital:		
Address:		City:	State:	Zip:
Phone:	Date of last physical — <i>It is recommended that dancers have a healthcare physical within approximately 1 year of enrollment into a new season of dance at IBA.</i>			
DATE OF LAST PHYSICAL: _____				
STUDENT MEDICAL INSURANCE INFORMATION				
In completing this waiver, the parent, guardian or adult dancer is agreeing that they themselves and their insurance will be fully responsible to cover their own child or themselves in the event of illness or injury during participation in IBA or IBT programming. Parents and adult students agree to provide their own insurance coverage for such circumstances.				
Insurance Company:		Policy Holder's Name:		

**Please circle the appropriate answer and fill in the necessary blanks.
Incomplete medical information will disqualify a dancer from participation in IBA programs.**

Has the student had or does he/she have any medical limitations or restrictions on physical activity?

YES NO If yes, explain: _____

Has the student had any recent surgery or broken bones?

YES NO If yes, explain: _____

Has the student in the past or does he/she at this time suffer from asthma?

YES NO If yes, explain: _____

Has the student in the past or does he/she at this time suffer from allergies?

YES NO If yes, explain: _____

If you have indicated yes with regard to either/both **ASTHMA & ALLERGIES**, understanding that the International Ballet Academy staff cannot control all aspects of the surrounding environment to include all environmental allergens, foods other dancers may bring with them daily, etc., please indicate if your dancer carries medications such as an inhaler or an epi-pen or any other such item for emergencies and if they are capable of self-administering these medications. Explain the severity of the situation one might expect and the emergency protocol your family has in place.

Does this dancer take any other routine medication? YES NO

If yes, what medications: _____

Does this dancer have any other learning/physical/emotional/ behavioral challenges of which you feel we should be aware.

Medical Authorization:

This document is to be signed by the parent or legal guardian of any participant under the age of 18 years old. If the participant is 18 years of age or older, they may sign the form. **This information and authorization is required.**

To Whom It May Concern: If in the event of illness or injury I authorize IBA staff/personnel and other adult parties present to seek out medical attention as they feel is most necessary. If, in the professional judgment of a qualified medical doctor or other emergency treatment personnel, medical assistance or treatment is required, this authorizes all medical parties involved to offer such medical treatment or assistance as is believed to be medically necessary at that time. I also agree to and indicate with signature below that I have my own medical insurance coverage and that I, myself, and my insurance are fully responsible to cover all expenses in the event of illness or injury to myself or my minor child before, during or after participation in activities of the International Ballet Academy and its performing company the International Ballet Theatre. I will not hold either company (IBA or IBT) responsible.

Signature of Parent/Legal Guardian (or Adult Dancer Representing Self)

Printed name of the above signee:

DATE SIGNED