THE ROCK SCHOOL

2023-2024 SCHOOL YEAR
PROFESSIONAL DIVISION MEDICAL PACKET

1101 South Broad Street, Philadelphia, PA 19147 | Tel. 215-551-7010 | therockschool.org | info@therockschool.org

MEDICAL FORM STATEMENT OF PRIVACY -The Rock School takes great care in protecting medical information of all students. Student medical forms are securely stored at The School, only made available to authorized staff members, on a need to know basis. Medical forms are made available to medical authorities in case of emergency per The School's Release of Claims and Medical Authorization Form. Professional Division students' medical information will be shared with medical authorities, as deemed appropriate within the scope of The School's Care Waiver. All medical forms for the school-year session will be shredded and destroyed upon the close of the session. The School will not retain any obsolete student medical information or files.

SECTION ONE: Release of Claims & Medical Authorization

STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____

Allergies: _____

Dietary Restrictions: _____

Other Medical Conditions/Injuries: _____

EMERGENCY INFORMATION

Primary Contact (parent/guardian)

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Secondary Contact (parent/guardian)

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

We will always contact parents/guardians first. In the event of an emergency, when the parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

INSURANCE INFORMATION (REQUIRED)

COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD AND ATTACH TO THIS COMPLETED FORM.

Name of Insurance Carrier: _____

Subscriber's Full Name: _____ Relation to Student: _____

IMMUNIZATION INFORMATION (REQUIRED FOR RESIDENCE STUDENTS)

Residence students must have received all required immunizations as outlined by the Pennsylvania Department of Health. ATTACH COPIES OF ALL IMMUNIZATION RECORDS TO THIS COMPLETED FORM.

PARENT/GUARDIAN'S APPROVAL AND MEDICAL RELEASE

I personally, as the participating student or the parent or guardian of such student, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive and release The Rock School for Dance Education, their officers, representative, successor, and/or assigns for any and all damages which may be sustained or suffered by me in connection with my association with the above program, or any activities related thereto, including without limitation, my traveling to or participating in and returning from any activity associated with the program.

I understand that any charges or fees resulting from any emergency medical treatment will be billed to the student and The School is not responsible to remit any payment in the care of my child. I hereby give authorization to The Rock School to share any and all medical information and/or medical documents to treating medical authorities. It is understood that The Rock School will make every effort to contact me prior to the emergency treatment of my student, but that treatment by a licensed physician or medical staff person of a licensed emergency room will not be withheld if I cannot be reached.

_____ _____

Signature of Parent/Guardian Date

THE ROCK SCHOOL

2023-2024 SCHOOL YEAR
PROFESSIONAL DIVISION MEDICAL PACKET

1101 South Broad Street, Philadelphia, PA 19147 | Tel. 215-551-7010 | therockschool.org | info@therockschool.org

Student's Name: _____ Date of Birth: ____/____/____ Level: _____

SECTION TWO: Care Waiver

AGREEMENT made as of this _____ of _____ 2023-2024, by and between
(day) *(month)*

_____, of _____ and The Rock School.
(parent/guardian) *(student)*

Whereas, the Parent(s)/Guardian(s), in their absence, desire to convey upon The Rock School and its employees the rights and responsibilities of care of their child/ward and The Rock School and its employees wish to assume those rights and responsibilities.

Now, therefore, the parties hereto mutually agree as follows:

1. Care

The Rock School employees shall have the following powers with regards to the above-named student:

(a) To authorize medical treatment or medical procedures in the event of an emergency.

(b) To provide food and shelter for Residence students, and to make decisions regarding their day-to-day activities (**not applicable for commuting students**).

(c) To seek medical care for Residence students, including but not limited to visits to the doctor and/or hospital (**not applicable for commuting students**) and emergency care for all students while at The School.*

(d) To enroll and register academic students in courses and make decisions regarding the student's academic activities (**not applicable for non-academic students**).

*The Rock School and its staff are not equipped to assist commuting students (non-Residence students) outside of School hours or School-related events.

2. Term

The period of care shall be the duration of the 2023-2024 school year. If the student withdraws or is dismissed prior to the end of the year, the period of care shall extend only until such time as the student is no longer enrolled at The Rock School.

3. Governing Law

The Agreement shall be construed in accordance with the laws of the State of Pennsylvania.

4. General

This Agreement contains the entire agreement of the parties relating to the subject matter hereof. Only an instrument in writing signed by both parties hereto may modify this Agreement.

_____ _____

Signature of Parent/Guardian Date

SECTION THREE: Over the Counter Medication Release

Medications that are required by student should accompany them to The Rock School. The School does not remind students to take medication nor does it assume responsibility for failure to pick-up medications. Students are strictly forbidden from sharing, giving away or selling their medications. *Please provide a list of any medication student is receiving regularly.*

I give permission to The Rock School faculty and staff to administer any of my student's prescribed medication and the following medication(s) in weight-appropriate doses to the above-named student.

Antacids	☐Yes ☐No	Benadryl	☐Yes ☐No	Ibuprofen	☐Yes ☐No
Antidiarrheal	☐Yes ☐No	Cough Expectorant	☐Yes ☐No	Midol	☐Yes ☐No
Antihistamines	☐Yes ☐No	Cough Suppressant	☐Yes ☐No	Pepto Bismol	☐Yes ☐No
Aspirin	☐Yes ☐No	Decongestants	☐Yes ☐No	Tylenol	☐Yes ☐No

_____ _____

Signature of Parent/Guardian Date

THE ROCK SCHOOL

2023-2024 SCHOOL YEAR
PROFESSIONAL DIVISION MEDICAL PACKET

1101 South Broad Street, Philadelphia, PA 19147 | Tel. 215-551-7010 | therockschool.org | info@therockschool.org

Student's Name: _____ Date of Birth: ____/____/____ Level: _____

SECTION FIVE: Student Medical History *(May be completed by parent/guardian)*

Check beside those medicinal problems student has had or currently has. Please see details below.

- ☐Allergy Injection Therapy
- ☐Anxiety/Excessive Worry
- ☐Arthritis
- ☐Asthma
- ☐Back Injury
- ☐Bladder Infection
- ☐Bleeding/Clotting Disorder
- ☐Broken Bone
- ☐Bronchitis
- ☐Cancer/Tumor
- ☐Chicken Pox
- ☐Chronic Cough
- ☐Chronic Fatigue/Insomnia
- ☐Concussion
- ☐Congenital Defects
- ☐Depression
- ☐Diabetes
- ☐Dizziness/Fainting Spells
- ☐Drug Allergy
- ☐Eating Disorders
- ☐Eczema
- ☐Fainting
- ☐Food Allergies
- ☐Frequent Ear Infection
- ☐Frequent Foot Blistering
- ☐Frequent Sore Throat
- ☐Gall Bladder Trouble/Gallstones
- ☐Gastrointestinal Problems
- ☐German Measles
- ☐Hay Fever
- ☐Head/Neck Radiation Treatment
- ☐Hearing Defects
- ☐Heart Defects
- ☐Hernia
- ☐Hives
- ☐Hyperglycemia
- ☐Hypertension
- ☐Insect Allergy
- ☐Irregular Periods
- ☐Jaundice or Hepatitis
- ☐Kidney Infection
- ☐Kidney Stones
- ☐Knee Problem
- ☐Lyme Disease
- ☐Malaria
- ☐Major Surgery
- ☐Migraines/Headaches
- ☐Mononucleosis
- ☐Pain/Pressure in Chest
- ☐Pneumonia
- ☐Rheumatic Fever
- ☐Seizures/Epilepsy
- ☐Serious Skin Disease
- ☐Severe Head Injury
- ☐Severe or Recurrent Abdominal Pain
- ☐Severe or Recurrent Back Pain
- ☐Severe Menstrual Cramps
- ☐Sexually Transmitted Disease
- ☐Shortness of Breath
- ☐Sinusitis
- ☐Tendonitis
- ☐Tension
- ☐Thyroid Trouble
- ☐Tuberculosis
- ☐Ulcer (duodenal or stomach)
- ☐Vision Defects
- ☐Other

Please comment in detail on any medical condition checked above. Attach medical reports from specialists if applicable.

_____

_____

_____

_____

_____

_____

Please list any hospitalization or out-patient surgery student has had within the past five years:

NAME OF HOSPITAL	CITY & STATE	DATE	TYPE OF ILLNESS OR OPERATION OUTCOME
NAME OF HOSPITAL	CITY & STATE	DATE	TYPE OF ILLNESS OR OPERATION OUTCOME
NAME OF HOSPITAL	CITY & STATE	DATE	TYPE OF ILLNESS OR OPERATION OUTCOME
NAME OF HOSPITAL	CITY & STATE	DATE	TYPE OF ILLNESS OR OPERATION OUTCOME

THE ROCK SCHOOL

2023-2024 SCHOOL YEAR
PROFESSIONAL DIVISION MEDICAL PACKET

1101 South Broad Street, Philadelphia, PA 19147 | Tel. 215-551-7010 | therockschool.org | info@therockschool.org

Student's Name: _____ Date of Birth: ____/____/____ Level: _____

SECTION SIX: Student Medical Report ***(Must be completed by medical professional)***

PHYSICAL EXAMINATION *Date of physical exam MUST be within one year of 9/1/22.*

____/____/____

DATE HEIGHT WEIGHT PULSE BLOOD PRESSURE

Please list any drugs or food that the student is allergic to:

_____

_____

Please list any prescriptions:

_____

_____

Does the student have any health problems that require periodic evaluation or testing? ☐Yes ☐No

details: _____

_____

Does the student have any current or recurring injuries caused or exacerbated by dance? ☐Yes ☐No

details: _____

_____

_____

Please list any other medical or emotional conditions that The Rock School should be aware of:

_____

_____

_____

Is the student physically & emotionally fit to attend The Rock School for 2023-2024? ☐Yes ☐No

details: _____

_____

_____

_____

PHYSICIAN'S FULL NAME (PRINTED) TELEPHONE NUMBER

_____

PHYSICIAN'S OFFICE ADDRESS

_____

PHYSICIAN'S SIGNATURE DATE

These forms are required for all Professional Division dancers. Students who do not complete these forms will not be allowed to participate in dance classes.