

The Rock School for Dance Education | Release of Claims & Medical Authorization Form | 2011-2012

PLEASE COMPLETE AND RETURN TO THE SCHOOL BY EMAIL, MAIL OR FAX. | ATTN: REGISTRATION

1101 South Broad Street | Philadelphia, PA 19147 | (f) 215-551-8538 | star@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. Academic and Residence 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 2011-2012 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. **ALL INFORMATION MUST BE PLAINLY PRINTED OR TYPED. FORM MUST BE COMPLETED IN ITS ENTIRETY.**

STUDENT INFORMATION

Student's Name: _____ Date of Birth: ____ / ____ / ____ Level: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Allergies: _____ Other Medical Conditions: _____
Student's Primary Physician: _____ Phone: () _____ - _____

EMERGENCY INFORMATION

Father's Name: _____ Mother's Name: _____
Father's Home Phone: () _____ - _____ Mother's Home Phone: () _____ - _____
Father's Work Phone: () _____ - _____ Mother's Work Phone: () _____ - _____
Father's Cell Phone: () _____ - _____ Mother's Cell Phone: () _____ - _____
Father's E-mail: _____ Mother's E-mail: _____

In the event of an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: () _____ - _____ Work Phone: () _____ - _____
Name: _____ Home Phone: () _____ - _____ Work Phone: () _____ - _____

INSURANCE INFORMATION PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD onto a 1 page and attach to this completed form.

Name of Insurance Carrier: _____ Telephone Number: () _____ - _____
Address of Insurance Carrier: _____
Policy Identification Number: _____ Group Number: _____
Subscriber's Full Name: _____ Relation to Student: _____

PARENT/GUARDIAN'S APPROVAL AND MEDICAL RELEASE

In consideration of the participation of the student named in this [Release of Claims & Medical Authorization Form](#) The Rock School for Dance Education 2011-2012 school-year, 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.

Signature of Parent / Guardian

Date

Further, I grant The Rock School for Dance Education, its agents, and employees permission to authorize any emergency medical treatment that may be required for the named student during the 2011-2012 school-year: **The named student has received a physical examination by a physician and has been found physically capable of participating in any activity associated with the program.** 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 form is required for all Rock School students. Students who do not complete the form will not be allowed to participate in dance classes.

