

**Lady Leah Lafargue School of the Dance
Lake Charles Civic Ballet
2019-2020**

Student Medical/Release Form

Child's Name _____

My child's insurance/medical information:

Primary insured's name: _____

Insurance Carrier: _____

Policy # _____ Telephone # _____

My child's physician is: _____ Telephone # _____

My child is allergic to: _____

Current medications, dosages, and frequency: _____

Other information that the staff may need to know about your child's medical history:

Parent or Guardian contact numbers:

Mother's Name: _____

(H) _____ (W) _____ (C) _____

Father's Name: _____

(H) _____ (W) _____ (C) _____

Additional emergency contact information:

Name: _____

Telephone # _____

Relationship to dancer: _____

Lady Leah Lafargue School of the Dance/Lake Charles Civic Ballet has my permission to obtain medical help for my child.

Parent or Guardian's printed name _____

Parent or Guardian's signature _____

Date _____

Lady Leah Lafargue School of the Dance/Lake Charles Civic Ballet has my permission to use the image/likeness of my child for promotional purposes including, but not limited to advertising items, official website, and social media.

Parent or Guardian's signature _____

Date _____