

Cornerstone Academy for Performing Arts

**MEDICAL INFORMATION AND RELEASE WAIVER**

Please complete the following information so that in the event of an emergency, Cornerstone Academy may be able to provide an EMT, first responder, or other licensed medical provider with important information about the student's known health history. Cornerstone Academy will hold this information in strict confidence and only share it with such medical providers for the purpose of responding to an emergency call.

Student's full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male or Female (please circle)

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Parents' full names: \_\_\_\_\_

Parent phone numbers (if under 18): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Student phone number (if over 18) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician phone: \_\_\_\_\_

Known Allergies (including food, drug and environment):

\_\_\_\_\_  
\_\_\_\_\_

Medication the student is currently taking (including vitamins, minerals, or other dietary herbal supplements):

\_\_\_\_\_  
\_\_\_\_\_

Chronic Illnesses or Pre-Existing Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are the student's immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

If no please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does the student have any physical handicaps?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*NOTE:** If you have a chronic condition or a current medical problem, please bring a signed statement from your physician permitting class and/or performance participation.

(Please go to other side)

May your child receive over the counter medications from a first aid kit, if needed? Yes \_\_\_\_\_ No \_\_\_\_\_  
What over the counter medications should your child **not** receive?

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Is there anything else in particular you would like us to know about the student?

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### **INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Policy Holder (PH) \_\_\_\_\_

**In case of emergency, please contact (other than parents):**

**Name:** \_\_\_\_\_

**Relation to student:** \_\_\_\_\_

**Phone numbers:**

**Cell** \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_

### **Waiver of Claim and Release of Liability**

By signing this waiver of claim and release of liability, I acknowledge(s) that there are certain inherent risks associated with dance, any of which could result in property damage or bodily injury. These risks include, but are not limited to, warm-up, classes, rehearsals, performances, photo shoots, or transport of artists. In consideration for the consent and right given to the undersigned to dance with Cornerstone Academy, and with full understanding of the inherent risks involved, the undersigned expressly assumes all the risks of any nature whatsoever and hereby releases and forever discharges Cornerstone Academy, its officers, directors, employees and agents, from any claim or liability of property or bodily injury of any nature whatsoever arising out of Cornerstone Academy operations, and the undersigned acknowledges full and total personal insurance responsibility while participating with Cornerstone Academy.

**For students under the age of 18:**

**Further, in the event of an emergency, when parental permission is not available, I hereby give my permission for a staff member of Cornerstone Academy to consent to medical treatment.**

**for** \_\_\_\_\_ **(name of student).**

**Date:** \_\_\_\_\_

**Parent/Guardian's Signature (or Student's signature if participant is over 18):**

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