

MEDICAL HISTORY

(Parents or guardians are required to inform D.A.I.R. in writing, prior to a child's acceptance in a D'AIR program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.)

Does your child have any medical conditions for which he/she is currently receiving treatment? Or medication?

Yes No

If yes, please explain_____

Does your have any allergies or pre-existing medical conditions? Yes No

If yes, please describe_____

Do you carry any medical insurance? Yes No

If so, insurance company or provider_____

List any additional information about the attendee's behavior and physical, emotional, or mental health that staff should be aware of: _____

MEDICAL RELEASE FOR PARENTS/LEGAL GUARDIANS OF MINOR STUDENTS

In the unlikely event of a medical emergency, and if I am not available, I authorize D.A.I.R., Inc. staff to use their best discretion in obtaining medical treatment for my child.

Date_____

Signature of Parent or Legal Guardian of minor

CARPOOL AUTHORIZATION:

___I give my permission for D.A.I.R., Inc. staff and volunteers to transport my child to and from the D.A.I.R., Inc. studio for field trips, performances and other activities in which my child may be involved.

PHOTOGRAPHY AUTHORIZATION

___ I give permission for myself and/or my child to be photographed or videoed by D.A.I.R., Inc. (from time to time, D.A.I.R., Inc. may take photographs or video of you and/or your child. These pictures may be used for press releases, brochures, newsletters, announcements, our website and other D.A.I.R., Inc. literature. When a child's name is referenced, only the first name is used)

Declaratory Statement: I (*print name*)_____ certify that I have read all and understand all the above information and that all the information that I have given in this form is correct and true to the best of my knowledge

Date_____

Signature of Parent or Legal Guardian of minor