

Bossov Ballet Theatre

295 Main St
Pittsfield, Maine 04967

Medical Release Form

Name of Dancer _____

Address _____

Date of Birth _____ Date of last Tetanus(DPT)shot _____

Allergies _____

Chronic problems _____

Medications being taken regularly _____

Family Doctor _____

Phone number(s) for parent, guardian, or next of kin can be reached _____

Health insurance Company _____

Policy Number _____

In case of emergency, I give my permission for treatment of the above named person. In the event that other than emergency treatment is deemed necessary, I wish to be contacted if possible for my permission.

Signature of parent or guardian:

Date