



HESTER ACADEMY OF IRISH DANCE

MEDICAL FORM 2019-2020

Student's Full Name: _____

Student's Full Name: _____

Student's Full Name: _____

Student's Full Name: _____

Medical Conditions: Please indicate what and which child

Food Allergies: _____

Physical Limitations: _____

Psychological Limitations: _____

Current Medications (Inhaler/ Insulin/ect.): _____

Emergency Contact: _____

Relationship to Child: _____

Emergency Contact Phone#: _____

Emergency Contact #2: _____

Relationship to Child: _____

Emergency Contact Phone#: _____

I agree not to hold James Hester, Hester Academy of Irish Dance, LLC. and / or its teachers or associates responsible for any loss, injury, accident, or liability that might occur while my child is participating in dance lessons, shows, etc. I further state that my child/children are in good health and are not restricted from any physical activities such as dance, etc.

Signature: _____

Date: _____