

Penn State Behrend Health Form

NOTE: Please reproduce a copy of this for each of your dancers/cheerleaders. This must be signed by a parent or guardian, if under the age of 18. All forms must be sent in with the registration form or the day of the competition. No dance or cheerleader will be allowed to participate in the competition without returning the completed health form.

In the event that I am unavailable for purposes of providing parental consent, I hereby authorize the Penn State Behrend College to provide such care that includes medical treatment as necessary to my minor son/daughter. I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the Cheerleading / Dance Competition.

Family Medical Plan: _____

Insurance Number: _____

Emergency Contact (Physician): _____

Allergies of Note: _____

Medications and Times to be Taken: _____

Please list all physical conditions that we should be aware of in case of injury:
(Allergies, recurring illness, disabilities, chronic illness, etc.): _____

I understand that I will be contacted in case an emergency does occur. If I am not available, contact:

Name of Emergency Contact (please print) ()
Phone

Name of Family Physician (please print) ()
Phone

Parent or Guardian's Name (please print) ()
Phone

Signature Date

It is understood that Penn State Behrend, the directors, or anyone connected with the college will not assume any responsibility for accident (medical or dental) or any other expenses incurred as a result of accidents. The college is not responsible for lost equipment.