



# PINNACLE DANCE CAMP 2013

2 Professional Drive, Suites 218/219, Gaithersburg, MD 20879  
www.pinnacledancecamp.com  
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## Medical Release Form

Please Print Clearly

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Last Examination: \_\_\_\_\_ Are Immunizations Up To Date?: \_\_\_\_\_ Last Tetanus: \_\_\_\_\_

**As required by state law, a copy of the camper's IMMUNIZATION RECORD must accompany this medical release form. This should include the date of the LAST TETANUS as well.  
Campers are not allowed to participate without this information.**

Health History: Use additional paper if necessary. Please explain any of the following:

- |  |  |   |  |   |                                   |
|--|--|---|--|---|-----------------------------------|
| <ul style="list-style-type: none"> <li>• Does the child have a health condition that may require care or emergency action while at camp?</li> <li>• Is the child a known carrier of a communicable disease?</li> <li>• Is the child on a long term medication? Specify</li> <li>• Is the child currently under a physician's care for a medical problem?</li> <li>• What specialized treatment or care will this child require?</li> <li>• Is child restricted from participating in any physical activity?</li> </ul> | Health Issues:                           | <input type="checkbox"/> Asthma           | <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Convulsions        | <input type="checkbox"/> Seizures |
|  | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Heart Disease    | <input type="checkbox"/> Kidney Disease      | <input type="checkbox"/> Other (explain)    |                                   |
|  | Allergies:                               | <input type="checkbox"/> Animals          | <input type="checkbox"/> Insect Stings       | <input type="checkbox"/> Food               | <input type="checkbox"/> Plants   |
|  | <input type="checkbox"/> Medicines       | <input type="checkbox"/> Pollen           | <input type="checkbox"/> Hay Fever           | <input type="checkbox"/> Other (explain)    |                                   |
|  | Other Concerns:                          | <input type="checkbox"/> Visual           | <input type="checkbox"/> Glasses or Contacts | <input type="checkbox"/> Hearing Imparement |                                   |
|  | <input type="checkbox"/> Nose Bleeds     | <input type="checkbox"/> Fainting         | <input type="checkbox"/> Menstrual Cramps    |   |                                   |
|  | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Mental/Emotional | <input type="checkbox"/> Bed Wetting         |   |                                   |
|  | <input type="checkbox"/> Behavioral      | <input type="checkbox"/> Speech           | <input type="checkbox"/> Other (explain)     |   |                                   |

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Patient is in good health and, except as noted, is able to participate in all physical activities>

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I know of no health reason(s), other than the information indicated on this form, why my child should not participate in any of the Dance Camp activities. I further understand that as a parent/legal guardian, I will not hold Pinnacle Dance Camp, its directors, or staff responsible for any injuries incurred while at any function run by Pinnacle Dance Camp, its directors, or staff.

I hereby give permission to the medical personnel selected by Pinnacle Dance Camp, its directors, or staff to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Pinnacle Dance Camp, its directors, or staff to secure and administer treatment, including hospitalization, for the person named above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_