

Fill out this 2-page form completely for each young person coming to Dance Camp.  
Please turn it in to a Young People's Program Coordinator

# DANCE NEW ENGLAND

## Young People's Program Health Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Parent/Guardian

Name(s): \_\_\_\_\_

### Describe Any & All Important Health Conditions & Related Restrictions:

(If applicable circle the condition, indicate number below and describe. Indicate 'NONE' if condition does not apply)

1. Environmental Allergies (bees & insects, pollen, etc. — describe any recent history and reactions):
2. Food Allergies (list foods, nature of reaction, and restrictions):
3. Medications (list name of medication, condition treated, and prescribed dosage):
4. Medical Conditions (describe):
5. Hospitalization within the last year (describe):
6. Other (describe):

Number (s): \_\_\_\_\_ Description: \_\_\_\_\_

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### Behavioral/Emotional Profile (use extra sheet if needed):

How does your child handle new situations? Please note situations that are stressful for your child & strategies that help her/him feel comfortable:

Summarize any behavioral/emotional history that may influence your child's participation and you feel will be beneficial for YPP staff to understand:

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Can Your Child Swim? With What Restrictions?

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My child may also be released to the following buddies/adults/guardian

- 1.
- 2.
- 3.
- 4.

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Where are you camped/cabined? Please give a description of your tent or cabin.

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**Please read and sign the following.**

**If you do not want to grant permission simply do not sign.**

**All children**

\_\_\_\_\_, give my child/the child I am guardian of,  
\_\_\_\_\_, permission to go out in a boat with a Dance  
New England Child Care Staff Member during child care hours.

**Children 9 years old and older**

\_\_\_\_\_, give my child/the child I am guardian of,  
\_\_\_\_\_, permission to leave the Camp premises with an  
adult supervisor to drive into town, go on field trips, or go on an overnight camp-out. I understand that  
I will be informed of plans for any such activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_