

Please fill out this 2-page form completely for each young person coming to Dance Camp,  
and turn it in to the appropriate Program Coordinator

**DANCE NEW ENGLAND**  
Young People's Program/Teen Program Health Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

**(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): \_\_\_\_\_

\_\_\_\_\_

**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 that you feel will be beneficial for YPP staff to understand: \_\_\_\_\_

\_\_\_\_\_

Can Your Child Swim? \_\_\_\_\_ Any related restrictions? \_\_\_\_\_

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

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_, 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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Children 13 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