

CUBACARIBE CLASSES HEALTH FORM

In order to participate in the classes, each participant must submit completed versions of this Health Form, which certifies that they are physically able to participate in class activities, and the Assumption of Risk/Parental Permission Form. Participants who have not completed this form will not be permitted to participate in class activities until they are received.

Name _____ Birthdate _____ Sex _____ Age _____
Last First Middle Initial Month/Day/Year

Contact Information

Parents/Guardians _____ Home Phone(_____) _____ Work Phone(_____) _____
Area Code & Number Area Code & Number

Home Address _____
Number & Street City State Zip Code

If parents/guardians not available in emergency, notify:

1. _____ Phone _____
Name (local contact)

2. _____ Phone _____
Name

Health History (check, give any details you believe would be helpful)

Ear Infections _____	Chicken Pox _____	Hay Fever _____
Rheumatic Fever _____	Measles _____	Poison Ivy _____
Convulsions _____	German Measles _____	Insect Sting _____
Diabetes _____	Mumps _____	Penicillin _____
Behavior _____	Asthma _____	Other? _____

Operations or Serious Injuries (dates/description) _____

Chronic or Recurring Illness _____

Other Diseases or Details re: Above _____

Please List Any Food Allergies or Restrictions:

This health form is correct as far as I know, and my child/ward has permission to engage in all activities, except as noted herein by me. In the event that I cannot be reached in an emergency, I hereby give the administrators of CubaCaribe and any hospital or medical personnel they designate to provide any medical treatment which a medical provider deems necessary for the well being of my child/ward, including hospitalization, injections, anesthesia and/or surgery. I further consent to non-emergency first aid for my child/ward while he/she is enrolled as a participant in the classes, as deemed necessary by the staff of CubaCaribe.

Signature of

Parent/Guardian: _____ Date: _____