

Performing Arts Student Medical Clearance Form

Student Information

Full Name

Date of Birth

Student ID

Grade/Year

Program/Course

Emergency Contact

Contact Name

Contact Phone

Relationship to Student

Medical History

Please list any medical conditions or allergies

List any medications currently prescribed

Physical or activity restrictions (if any)

Physician's Clearance

Physician Name

Facility/Practice

Phone Number

Clearance: Student is medically cleared to participate in performing arts activities

Comments or Restrictions

Physician Signature

Date